

EP101 GENERAL VS REGIONAL ANAESTHESIA IN UPPER LIMB ORTHOPAEDIC DAY SURGERY

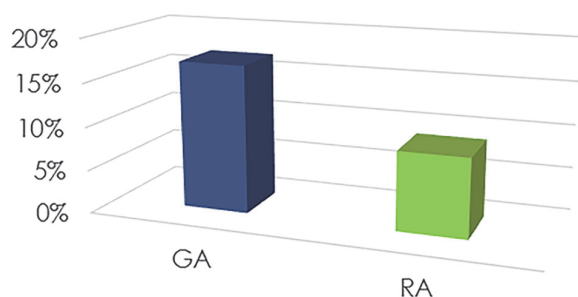
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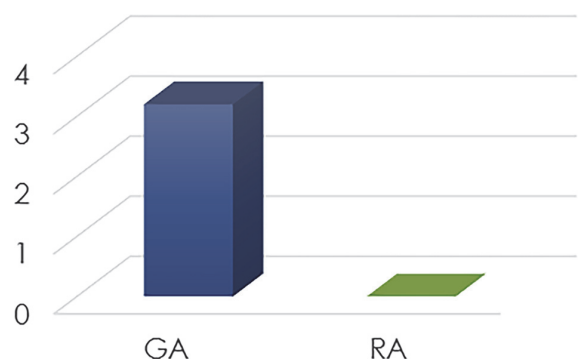
Background and Aims This audit set out to investigate the outcomes of 35 block bay patients who had surgery purely under Regional Anaesthesia (RA), compared to 23 patients undergoing the same surgery with only general anaesthesia (GA) and no RA. AIMS Length of hospital stay, Same day discharge, Post Operative Pain Scores, Opioid requirements, Post Operative Nausea and Vomiting

Methods A retrospective observational study was performed over 6 months on upper limb surgery done under only GA or Regional. Data from admission to discharge was collected. Excluded: Children Ring blocks Combined GA and RA

Results Most patients stayed overnight due to surgical reasons, however, overnight stay due to anaesthetic reasons was significantly less with RA vs GA (9% vs 17%). Average post op pain after GA was 3.2 vs 0 with RA, with GA patients requiring on average 9.9mg of morphine before leaving the recovery unit. 8.5% of GA patients developed PONV, compared to none after RA.



Abstract EP101 Figure 1 Overnight stay due to Anaesthetic causes



Abstract EP101 Figure 2 Average post operative Pain

Conclusions The incidence of same day discharge after upper limb orthopaedic surgery in UHW remains impressively high regardless of anaesthetic modality in patients who do not have surgical indications to stay overnight, however, incidence of overnight stay due to anaesthetic complications alone is significantly lower after RA alone compared to GA (9% vs 17%). Secondary outcomes measured showed a significant benefit to

RA vs GA in all categories. It was found that a majority of ASA 3 patients received RA, thereby avoiding the risks of GA. The Block Bay hereby demonstrates a clear cost saving and service delivery improvement.

ePoster session 3 – Station 6

EP103 REGIONAL VS GENERAL ANESTHESIA IN THE MANAGEMENT OF HIP FRACTURE SURGERY: WHO LEADS SO FAR?

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Background and Aims Hip fractures are some of the most frequent types of injuries among geriatric patients and they are mostly being managed surgically. Despite the development of different anesthesia techniques, this orthopedic procedure is still associated with increased morbidity and mortality rates. While General Anesthesia might be the preferred technique for patients on anticoagulants, Regional Anesthesia could be an alternative for elders for whom avoidance of airway instrumentation and reduced cardiopulmonary stress is mandatory. Recent medical literature has shown conflicting results regarding postoperative outcomes in geriatric hip fracture patients with different anesthesia techniques. The aim of this presentation is to illustrate the mechanisms of regional anesthesia and to assess its effectiveness when compared to general anesthesia for this patient category.

Methods This review describes the advantages and disadvantages of both anesthetic techniques, as encountered in the recent medical literature.

Results The recent studies describing comparative efficacy of RA and GA showed no significant difference for 30 days mortality or length of stay. Also, there was no significant difference between the prevalence of postoperative delirium at 24h, 3 days and 7 days. Patients receiving spinal anesthesia required more analgesic prescriptions at 60 days compared to the GA group.

Conclusions Although certain categories of geriatric hip fracture patients could certainly benefit from the usage of regional anesthesia, recent studies demonstrated no significant difference in postoperative outcomes. While definitive studies with larger sample size and adherence to a medical protocol are still in progress, the recommendations remain to adapt the anesthesia technique to the needs of the patient.

EP104 ASSESSMENT OF DAYS ALIVE AND OUT OF HOSPITAL AS A PATIENT-CENTERED OUTCOME AFTER LUNG TRANSPLANTATION

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Background and Aims Inadequate postoperative pain control is associated with poor prognosis after surgery. Lung transplantation (LTX) patients are usually on mechanical ventilation with sedation in the immediate postoperative period, making it difficult to accurately measure postoperative pain. Instead, surrogate indices could be used to measure patient's postoperative