

FIGURE 1.

Results: 220 patients were included. Failure at first needle pass was higher in LAX group than in OAX (OR 3.7) and SAX (OR 2.37). Patients in LAX group required more needle passes than OAX (OR 3.85) and SAX (OR 2.27). Cannulation time was also higher in LAX than in OAX and SAX ($p=0.05$). A higher mechanical complications rate was observed in SAX (15.1%) than in OAX (6.9%) and LAX (4%), with marginal significance ($p=0.069$). The most frequent complication was posterior venous wall puncture (PVWP), with 9 cases (8 of them in SAX). All other complications were minor. No arterial punctures occurred.

Conclusion: LAX is a technically more demanding approach, which implies more cannulation attempts and time compared with SAX and OAX. Incidence of PVWP is greater with SAX. OAX is more effective in avoiding PVWP compared with SAX. According to our results, we recommend using OAX to perform and teach IJVC.

ESRAS-0111 Miscellaneous

THE IMPLEMENTATION OF REGIONAL ANAESTHESIA BLOCK ROOMS IN BELGIUM: A NATIONAL SURVEY

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Aims: The aim of this survey was to assess the opinion of Belgian anaesthetists about the implementation of block rooms to perform peripheral nerve blocks and/or neuraxial techniques.

Method: A multiple-choice questionnaire was sent to each of the 90 heads of Belgian anaesthetic departments. Information about hospital characteristics, local custom, opinions about block rooms and satisfaction levels regarding the practice of regional anaesthesia (RA) were collected. Statistical analysis was performed using Fisher's exact test.

Results: We received 48 completed questionnaires: the response rate was 53%. RA is performed in the PACU in 42% of the hospitals, in a block room in 29%, in the operating room (OR) in 17% or in the hall adjacent to the OR in 12%. In 92% of the settings, the time needed to reach the OR from the place where the block is performed is <1 minute. Epidural blocks are performed out of the OR in 23% of the departments and spinal blocks in 19%. The main expected benefits of a block room are reported in Figure 1.

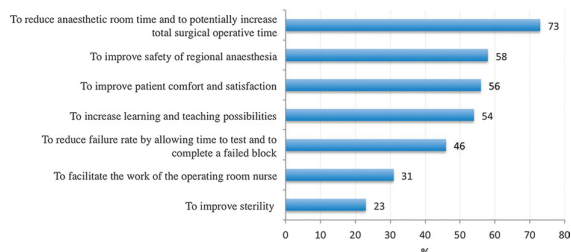


FIGURE 1. Expected benefits of a regional anaesthesia block room.

The availability of a block room does not affect the anaesthetist's level of satisfaction ($p=0.721$). 62% of departments with no block room would increase their RA practice if such a facility was available. The main obstacles that must

be overcome are the lack of space (44%), the unavailability of nurses (42%) and insufficient funding (27%).

Conclusion: Most anaesthetics departments think that block rooms could improve RA practice. However, such rooms require adequate resources in order to be successful.

ESRAS-0208 Miscellaneous

AN AUDIT ON THE OPERATIVE FACTORS THAT AFFECT DELAY IN DISCHARGE FROM THE POST-ANAESTHETIC CARE UNIT (PACU)

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Aims: The Singapore General hospital has over 8700 surgeries performed per year (as of 2012). Delays in discharge from the PACU post surgery affects patient and family satisfaction, nursing to patient ratio and has implications on cost/revenue and quality & safety. Multiple operative factors affect delay in discharge from the PACU which this study aims to identify.

Method: Data from 590 postoperative patients aged 21 years and above in the PACU was collected in February to March 2012 at the Singapore General Hospital (SGH). Patient demographic data, surgical data, intra-operative anaesthetic data and recovery data were collected. The outcome measure was a delay in discharge which was defined as more than 30 minutes stay in the PACU.

Binomial logistic regression was used for the univariate and multivariate analysis for preoperative and intraoperative variables that may be associated with delay in discharge. Statistical analyses were conducted with SPSS version 17 (Chicago: SPSS Inc).

Results: In the multivariate analysis, factors associated with delay in discharge included higher BMI - BMI 18.6-25 (OR=4.1, CI=1.3-12.3), BMI 25.1-30 (OR=6.3, CI=1.8-22.6), BMI >30 (OR=5.2, CI=1.1-23.8), non-analgesia drug allergy (OR=3.4 CI=1.61-7.11), higher max pain score (OR=1.5, CI=1.28-1.65) and the use of Nurse Controlled Analgesia (NCA) (OR=4.2, CI=1.29-13.5).

Conclusion: This study identifies operative factors for the delay in discharge from the PACU in a major operating hospital in Singapore. Knowledge of these factors can lead to quality improvement measures for patient management and work flow in the PACU.

ESRAS-0235 Miscellaneous

SURVEY ON ANTIBIOTIC PROPHYLAXIS FOR UPPER LIMB SURGERIES ACROSS UK HOSPITALS

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Aims: Prophylactic administration of antibiotics is important in perioperative period to reduce the incidence of surgical site infection. There is minimum evidence to suggest any benefit of 3 doses over 1 dose of antibiotic given in the peri-operative period.

Aim of this survey was to standardise the practice of antibiotic prophylaxis in Upper limb surgeries in UHL (University Hospitals of Leicester) in comparison to the practise of other established Upper limb units in UK with the intention to reduce the antibiotic dose to single shot in majority of upper limb surgeries except arthroplasties.

Method: Clinical Audit and Quality Improvement Team at UHL NHS Trust approved this survey. Survey proforma was made of 9 questions. All the questions were downloaded on survey monkey website and the link was sent to Anaesthetics and Orthopaedics clinicians in UK over 4 week period.

Results: 58 responses from UK hospitals (18 UHL, 40 Non UHL). Co-amoxiclav is the most preferable antibiotic (UHL) followed by Cefuroxime (except for MCP/PIP). Majority of responders reported not using any antibiotic for arthroscopic and soft tissue surgeries. Around 34% respondent felt discharges were delayed because of additional dose of antibiotic, although many patients were discharged on oral antibiotics.

Conclusion: Antibiotic usage following day case surgeries varied between hospitals in UK. Within hospitals the preference varied between microbiologists, surgeons, anaesthetists. Significant number of delayed discharges was because of need to stay in for extra antibiotic doses.