

Development and Implementation of a Regional Anaesthetic Block Room for Vascular Access Surgery

Karen Stevenson, Emma Aitken and Iain Thomson

Aim

COVID 19 has led to a reduction, where possible, of aerosol generating procedures (AGP).

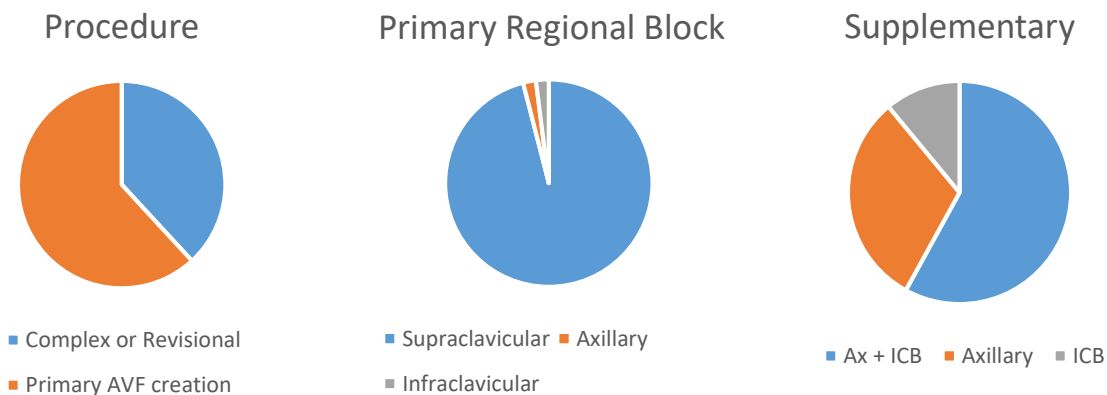
A multidisciplinary approach to service development was undertaken to establish a regional anaesthetic 'block' room situated within the theatre recovery suite to maximise use of regional anaesthesia (RA) for vascular access cases.

Methods

The perioperative protocol was adjusted to improve patient information regarding regional anaesthesia, facilitate the 'stop before you block' to be performed in the 'block room' rather than the anaesthetic room and to maximise use of RA for VA creation.

Results

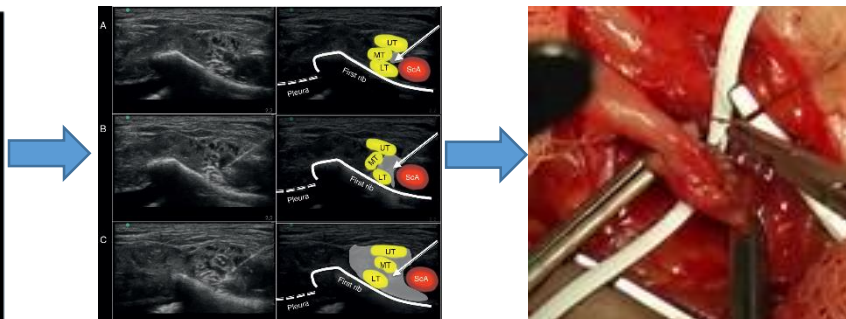
97 patients underwent 'block room' regional anaesthesia between 18/5/2020 to 30/8/2020. The commonest primary block is supraclavicular.



Further supplementary blocks in addition to axillary and ICB included superficial cervical, ulnar, serratus anterior and interscalene. No patients required procedure abandonment or conversion to GA. 37/97 were blocks performed for CEPOD theatre or non-block room lists facilitating access to RA that may not have been otherwise possible. First case start time for 10 renal lists with a first case under block compared with 10 'block room days' demonstrated a start time saving of 41minutes (p=0.00018).

Conclusions

A 'block' room is a feasible, safe, effective service to maximise RA use and surgical operating time.



All block room cases were recorded including the type of block and procedure performed and start time in theatre.

Image Ref : Ultrasound guided supraclavicular perivascular block. Anatomical, technical medial approach description and changes in regional perfusion. A. E.Herrera, V. Mojica, D. Nieuwveld, Alberto Prats-Galino, A. M. López, X. Sala-Blanch