PLENARY SESSION

TIME: 09:40 - 11:30

09:20 - 09:40

Plenary 2: Trauma pain management

Dr. Hosim Prasai Thapa (Australia)
The Northern Hospital, Melbourne

Abstract:

Trauma cannot be generalised. The plethora of charts and classification methods somewhat help us categorize them; however, each case is unique with its own mechanism of injury, effect on the patient and analgesic requirement. Nonetheless, trauma is a common cause of long-term suffering and pain which unfortunately gets overlooked during the chaotic early period of admission where resuscitation and prompt decision making about further management takes precedence.

Owing to their fast onset, ease of administration and minimal training requirement to administer opioids, they are the mainstay of trauma pain management. Opioid alone is not the best category of analgesic, more so for the elderly population who are highly susceptible to the myriad of side effects.

Ultrasound guided regional anaesthesia (USGRA) can play a pivotal role in the multimodal analgesia regimen for trauma pain management. Blocks for trauma have taken off and gained popularity in the emergency department, operating theatre, post anaesthetic care unit and even in the wards!

Examples of successful incorporation of safe USGRA provision in pain management for different variety and severity of trauma from all around the world including strategies about how this has been achieved will be discussed.

A novel concept of ward based USGRA for fractured neck of femur patients as the mainstay of analgesia at an Australian hospital will be presented along with the data from the study that is currently underway.

Finally, the concern and reluctance for regional anaesthesia in trauma setting due to possibility of masking compartment syndrome will be revisited.

PARALLEL SESSION 1:
RA & LOWER LIMB BLOCKS
TIME: 13:00 - 15:15

13:00 - 13:15

Making Blocks Accessible - Ward-Based Blocks for Rib Fracture and Hip Fracture Pathways

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The Northern Hospital, Melbourne

Abstract:

With increasing elderly population globally, rib and hip fractures have become commonplace. Unfortunately, fractured neck of femur (NOF) has mortality rate as high as 6-8%. Surgery within 36 hours, involvement of an orthogeriatric team and regional anaesthesia techniques for pain management are interventions that can improve outcomes.

In most Australian hospitals and globally, patients with fractured NOF receive a single shot femoral or fascia iliaca compartment block (FICB) on arrival in the Emergency Department (ED). Systemic opioids then become the mainstay of analgesia which is often poorly tolerated by this frail, elderly cohort.

Consultant anaesthetists' unavailability to perform ultrasound guided regional anaesthesia (USGRA) outside theatre, hinders access to these much-needed blocks. Hence, most blocks are performed as a rescue analgesic technique when all else fails! Recognising this gap in the pain management, our pain nurse practitioner underwent rigorous training and assessment to upskill herself in specific USGRA techniques.

Currently, the acute pain service (APS) offers daily ward based US guided FICB to all our fractured NOF patients awaiting surgery. Similarly, high risk rib fracture patients receive erector spinae catheter as the main analgesic technique in combination with multimodal analgesia. Timely access to blocks has not only led to exceptional pain management but also created opportunities for anaesthesia trainees to get more hands-on experience.

Results from a retrospective study conducted at our institution focusing on outcomes in these patients and a nursing staff survey on effect of these blocks on pressure care, pain management and their overall workload will be discussed.