



# Scottish Society of Anaesthetists Spring Meeting 2025 Abstract Submission Form

## Abstract Title

Lower Limb Reconstruction: Entering a new ERAS?

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## Abstract text (maximum 300 words)

The Lower Limb Reconstruction at the QEUH was developed since the introduction of the Major Trauma Services and currently an ERAS protocol is in development with recommendations for post-operative analgesia and early mobilisation. This will lead to a reduction in hospital length of stay after surgery which can lead to hospital acquired infections, patient deconditioning and psychological distress as well as a cost to the National Health Service.

This ERAS protocol will be used in the wider MDT involving Orthopaedic surgeons, Resident Doctors, Physiotherapists, Clinical Nurse Specialists and Ward Nurses.

### Aim:

To develop and implement an anaesthetic protocol which can be used for guidance in lower limb trauma reconstruction which will improve patient analgesia, aid mobilisation and rehabilitation. Ultimately leading to a shorter hospital stay.

### Methods:

A retrospective study of lower limb patient records scrutinising anaesthetic technique, regional anaesthesia and analgesia. Two groups were identified (GA vs GA + RA) and analgesia and pain scores were recorded.

### Results:

GA vs GA+ RA (n = 8 vs 11). Average of highest recorded pain score: in recovery (7.7 vs 3), 1<sup>st</sup> 12 hours post op (5.4 vs 4.2), 12-24hrs post op (4.9 vs 2.8), 24-48 hours post op (6.1 vs 2)

GA + RA group : Adductor canal plus popliteal vs Femoral plus popliteal vs femoral alone (n = 7 vs 2 vs 2). Average of highest recorded pain score : in recovery ( 2.1 vs 0 vs 8.5), 1<sup>st</sup> 12 hours post op (3.5 vs 6 vs 5), 12-24hrs post op ( 1.7 vs 5.5 vs 3.5) 24-48 hours post op (1.4 vs 2 vs 4)

### Conclusion:

RA techniques in addition to GA look promising in providing better analgesia not only immediately post operatively but also up to 48 hours post procedure and thus would be recommended in the ERAS protocol.