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### [O91] AUDIOVISUAL DISTRACTION AS AN ADJUNCT TO EPIDURAL ANAESTHESIA IN “AWAKE” PATIENTS UNDERGOING COMPLEX SURGERY FOR OSTEOMYELITIS

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**Aim:** In our Bone Infection Unit, epidural anaesthesia and sedation (EA+Sed) is the technique of choice for complex orthoplastic surgery involving lower limb free tissue transfer (LLFTT) (1) as it avoids complications of prolonged general anaesthesia (GA). Following our initial reports of successful use of audio-visual distraction (AVD) as an adjunct to regional anaesthesia we wished to evaluate the AVD effect on the patients’ experience during long duration, complex orthoplastic surgery for chronic osteomyelitis under EA+Sed.

**Method:** Our AVD equipment consists of a WiFi connected tablet and noise reducing head phones, providing access to downloaded music, films and the internet. Patients are also allowed to use their own equipment.

All patients were fully informed about AVD and EA+Sed as a choice of anaesthesia. EA was established in the anaesthetic room and continued perioperatively. Sedation with propofol was titrated to the patients’ requirements to ensure comfort during surgery.

All patients were followed up postoperatively with a structured questionnaire.

**Results:** Ten patients underwent LLFTT surgery for chronic bone infection under EA+Sed+AVD (picture). Mean duration of surgery was 550 min (480–600 min).

Patients used the AVD to listen to music, watch movies, play internet games and use e-mail and social media.

All 10 patients were very satisfied, and 9 reported feeling comfortable or very comfortable intraoperatively. All rated their experience better than previous GAs, with quicker general recovery. All patients would recommend this technique to others.

## Oral Abstracts

**Conclusions:** Our case series of patients undergoing prolonged surgery for osteomyelitis under EA+Sed has shown very positive impact of AVD on patients' experience and confirmed our earlier encouraging observations (1,2). This clinical service improvement deserves further evaluation and funding.



### References:

1. S. Galitzine. Regional Anaesthesia and Pain Medicine 2014; 39(5) Supp 1: E245.
2. V. Athanassoglou. Regional Anaesthesia and Pain Medicine 2014; 39 (5) Supp 1:E227