



European Society of
Regional Anaesthesia
& Pain Therapy

ESRA ITALIA



ESRA Italian Chapter

XXVIII CONGRESSO NAZIONALE

Uno sguardo verso il Mediterraneo
Il Rischio Clinico

PRESIDENTE
DEL CONGRESSO
Luciano Calderone

COORDINATORE
SCIENTIFICO LOCALE
Danilo Canzio

5-7 Ottobre 2023
PALERMO



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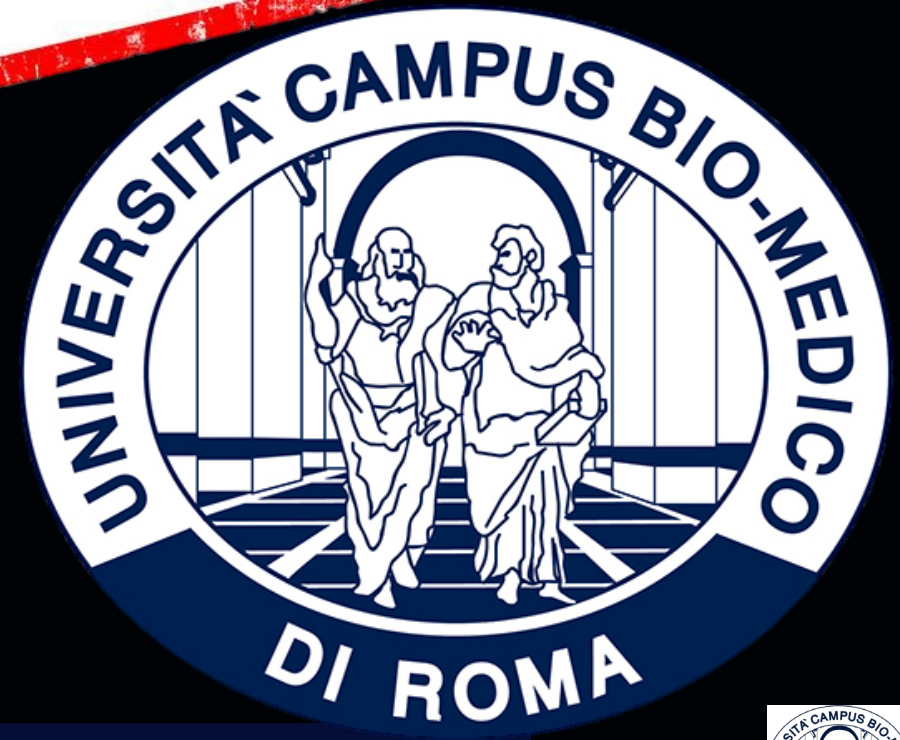
XXVIII CONGRESSO NAZIONALE

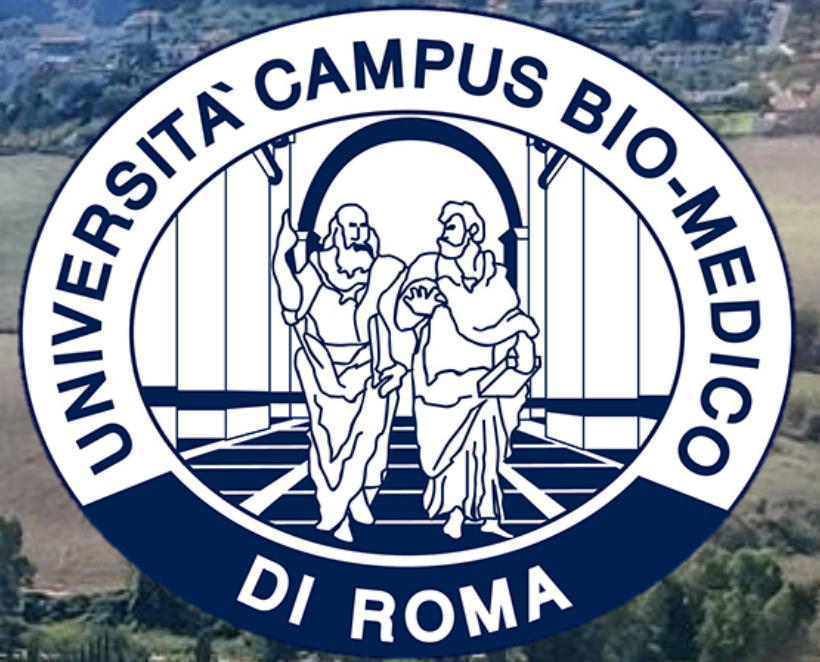
Uno sguardo verso il Mediterraneo
Il Rischio Clinico

**Le ultime parole famose:
blocco dal lato sbagliato?
Non può mai essere un mio problema!**

Danilo Canzio

5-7 Ottobre 2023
PALERMO





Università Campus Bio-Medico di Roma
Scuola di Specializzazione in Anestesia, Rianimazione, Terapia Intensiva e del Dolore (ARTI&D)

Direttore: Prof. Agrò Felice Eugenio





International Patient Safety Goals (IPSG)*

GOAL 1 Identify Patients Correctly

GOAL 2 Improve Effective Communication

GOAL 3 Improve the Safety of High-Alert Medication

GOAL 4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

GOAL 5 Reduce the Risk of Health Care-Associated Infections

GOAL 6 Reduce the Risk of Patient Harm Resulting from Falls

*Goals will vary by setting



International Patient Safety Goals (IPSG)*

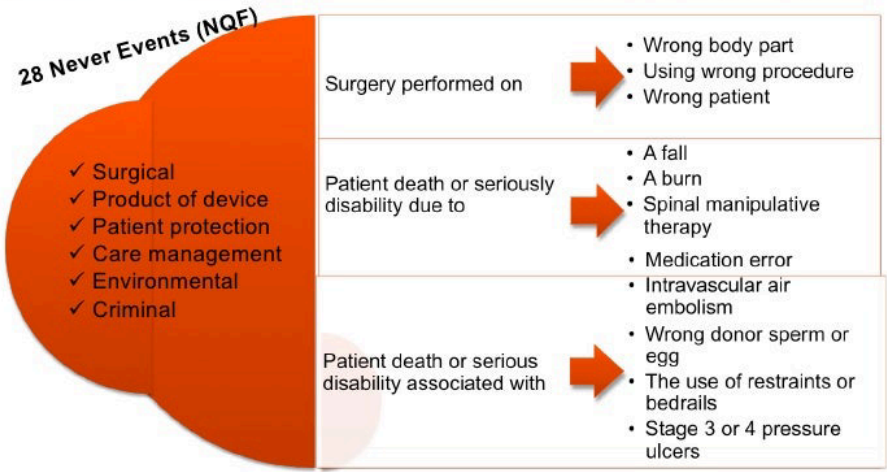
GOAL 4 **Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery**



Evento sentinella:

- Sono eventi sentinella quegli eventi avversi di particolare gravità, indicativi di un serio malfunzionamento del sistema, che causano morte o gravi danni al paziente e che determinano perdita di fiducia dei cittadini nei confronti del Servizio Sanitario.

Never Events (NE)

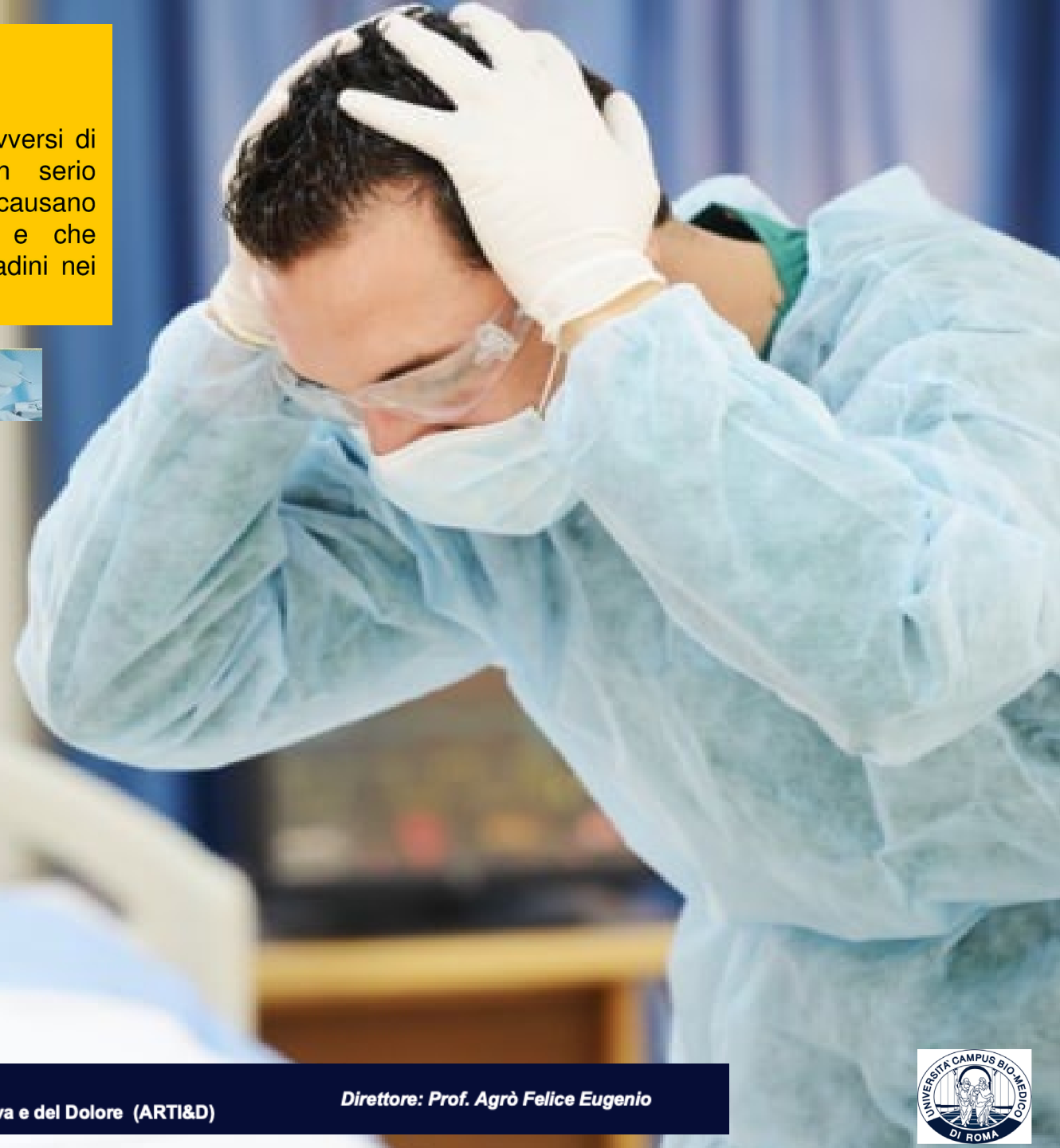


National Quality Forum (NQF). Serious Reportable Events in Healthcare 2006 Update. http://www.qualityforum.org/publications/reports/sre_2006.asp

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Never Events (NE)





Wrong-site regional anesthesia: review and recommendations for prevention?



Michael J. Barrington^{a,b}, Yoshiaki Uda^{a,b}, Simon J. Pattullo^c, and Brian D. Sites^{d,e}

REGIONAL ANESTHESIA: EDITED BY ADMIR HADZIC

Wrong-site nerve blocks: evidence-review and prevention strategies

Kwofie, Kwesi; Uppal, Vishal



7.5 per 10,000 procedures

Current Opinion in Anesthesiology

Editor-in-Chief: Kai Zacharowski

Neuroanesthesia

Edited by Chanannait Paisansathan

Regional Anesthesia

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Pain Medicine

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S

IT HAPPENS

AND HAPPENED TO US TOO

7.5 per 10,000 procedures



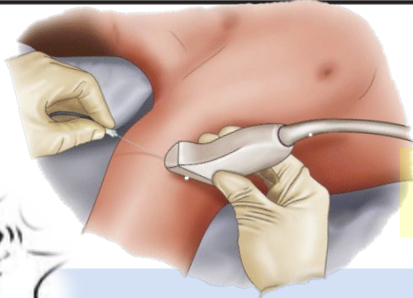


WHIT?



Table 1. Risk factors associated with wrong site nerve blocks

Category	Risk Factors
Procedural	<ul style="list-style-type: none">Change in patient position (supine, prone)Environment changes (changing equipment position)Surgical mark problems (not visible, mark incorrect, mark absent)Distractions (phone calls, verbal, staff teaching, entry of other staff, alarms)Delay between timeout and procedure
Patient	<ul style="list-style-type: none">Impaired communication (heavy sedation/GA, language barriers, patient lacks capacity)Name similarityUnilateral proceduresAbnormal anatomyMultiple procedures in the same patientHemodynamic instability
Practitioner/Team	<ul style="list-style-type: none">Multiple proceduralistsChange of proceduralistImpaired team communicationProduction pressurePractitioner fatigueProtocol/Checklist not followedTrainees or Locums performing blocks
Organizational/Workplace	<ul style="list-style-type: none">Inadequate local safety cultureInadequate local policies and processesBlocks outside the operating roomOperating room scheduling changes



Policies and Procedures



Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Is the site marked?

- Yes
- Not applicable

Is the anaesthesia machine and medication check complete?

- Yes

Is the pulse oximeter on the patient and functioning?

- Yes

Does the patient have a:

Known allergy?

- No
- Yes

Difficult airway or aspiration risk?

- No
- Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

- No
- Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm that the surgeon has introduced themselves by name and role

Confirm the patient's name, procedure, and where the incision will be made.

Has the anaesthetist confirmed that the patient has fasted within the last 60 minutes?

- Yes
- Not applicable

Anticipated Critical Events

To Surgeon:

- What are the critical or non-routine steps?
- How long will the case take?
- What is the anticipated blood loss?

To Anaesthetist:

- Are there any patient-specific concerns?

To Nursing Team:

- Has sterility (including indicator results) been confirmed?
- Are there equipment issues or any concerns?

Is essential imaging displayed?

- Yes
- Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

- The name of the procedure
- Completion of instrument, sponge and needle counts
- Specimen labelling (read specimen labels aloud, including patient name)
- Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

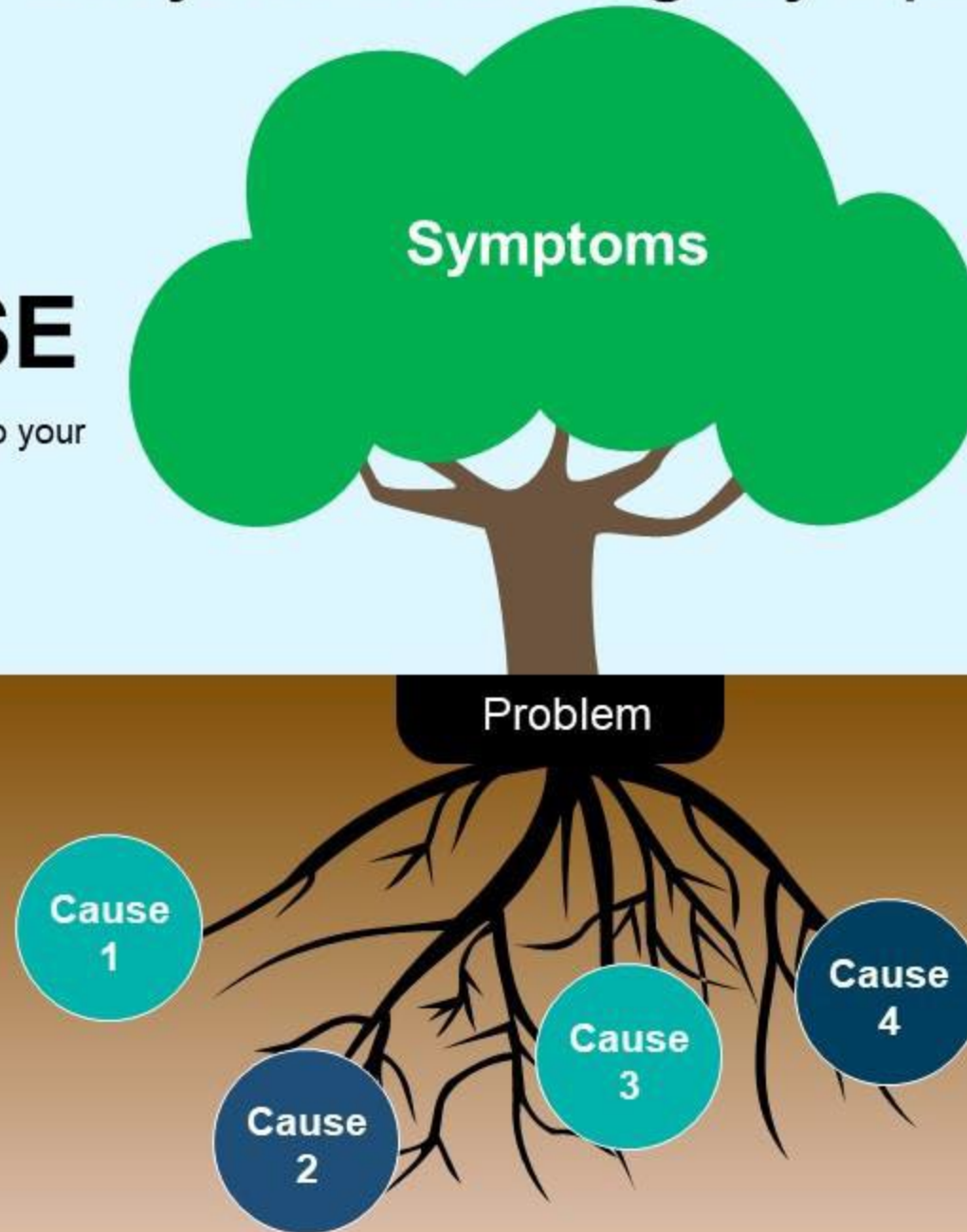
- What are the key concerns for recovery and management of this patient?



Root Cause Analysis Showing Symptoms & Problem

ROOT CAUSE

This slide is 100% editable. Adapt it to your needs and capture your audience's attention.



ANALYSIS

This slide is 100% editable. Adapt it to your needs and capture your audience's attention.

THE RATIO OF NEAR MISS TO
COMPLETED WRONG-SITE
EVENTS IS ESTIMATED AS 5 : 1

POLICIES

PROCEDURE

NEAR MISS MUST BE REPORTED



Mulroy MF, Weller RS, Liguori GA. **A checklist for performing regional nerveblocks.** Reg Anesth Pain Med 2014; 39:195–199

Regional & Pain Anesthesia & Medicine

Volume 46, No 7, July 2021 • rapm.org

Special edition: Fascial plane blocks—the good, the bad, and the anatomy

Plus:

ASRA & ESRA nomenclature standards

Visceral vs. Somatic pain

Mechanism(s) of action

Narrative review of the literature



BMJ





TABLE 2. Final Form of the Proposed Checklist, With Changes in Numerical Sequence and Wording Based on Expert Feedback Enumerated in Table 1

Regional Block Preprocedural Checklist

- 1) Patient is identified, 2 criteria
- 2) Allergies and anticoagulation status are reviewed.
- 3) Surgical procedure/consent is confirmed.
- 4) Block plan is confirmed, site is marked.
- 5) Necessary equipment is present, drugs/solutions are labeled.
- 6) Resuscitation equipment is immediately available: airway devices, suction, vasoactive drugs, lipid emulsion.
- 7) Appropriate ASRA monitoring applied, intravenous access, sedation, and supplemental oxygen as indicated, if indicated.
- 8) Aseptic technique is used: hand cleansing is performed, mask and sterile gloves are used.
- 9) "Time out" is performed before needle insertion for each new block site if the position is changed or separated in time or performed by another team.

SBYB



STOP before you block

NHS

Notice for anaesthetists and anaesthetic assistants

- A STOP moment must take place immediately before inserting the block needle
- The anaesthetist and anaesthetic assistant must double-check:
 - the surgical site marking
 - the site and side of the block



- For unilateral blocks
- Simple double-check
- Separate from WHO checklist
- Immediately before insertion of needle for block
- Initiated by anyone (Anaesthetist / ODP / other theatre staff)



THE STOP BEFORE YOU BLOCK PROCESS

1. THE WHO **SIGN IN** IS PERFORMED AS USUAL. THE PATIENT IDENTITY, CONSENT FORM AND **MARKING** OF THE CORRECT SURGICAL SITE ARE CONFIRMED.

2. **IMMEDIATELY BEFORE** NEEDLE INSERTION IN THE NERVE BLOCK PROCESS THE **CORRECT SITE IS CONFIRMED** AGAIN.

THIS INVOLVES:

SBYB

- **VISUALISING** THE SURGICAL ARROW INDICATING SITE OF SURGERY
- **ASKING** THE PATIENT TO CONFIRM THE SIDE OF SURGERY (IF CONSCIOUS)
- **DOUBLE CHECKING** THE CONSENT FORM FOR OPERATIVE SIDE (IF PATIENT UNCONSCIOUS)

STOP before you block

Place sticker on local anaesthetic syringe plunger

Remove sticker **JUST** prior to needle insertion
and perform SB4UB

Pt No. BSL-12966

Pt No. BSL-12966





A reminder to anaesthetists and anaesthetic assistants:

- Verify site and side with patient and consent form.
- Mark the block site.
- Stop and confirm with assistant immediately before inserting block needle.



A member of the Nottingham University Hospital group.

STOP BEFORE YOU BLOCK!

	✓
DOES THIS SIDE EXPOSED FOR THE BLOCK MATCH THE SIDE IDENTIFIED FOR SURGERY?	
IS THE SITE MARKED?	
<u>IF NOT - DO NOT PROCEED</u>	



PEEL HERE

STOP 

PREP – STOP – BLOCK – box

step 1

PREP

Led by assistant

- Coagulation / anticoagulants / antiplatelets checked?
- IV access and SpO₂, ECG and NIBP monitoring attached
- Drugs ready and dose calculated?
- Ultrasound probe (+/- nerve stimulator) ready?
- Patient sterile and anaesthetist gloved?

step 2

STOP

Anaesthetist and assistant

- Reconfirm block site matches consent form and site
- Reconfirm block is appropriate for the indication

step 3

BLOCK

Anaesthetist and assistant

- Open box, provide needle and proceed immediately
- If additional block needed, return to **step 1 PREP**

POST BLOCK

Assistant

- Restock and reseal box



SHAME ON



YOU!

I'M NOT LIKE THEM



IT'LL NEVER GONNA HAPPEN TO ME

Knee Replacement Revision Surgery

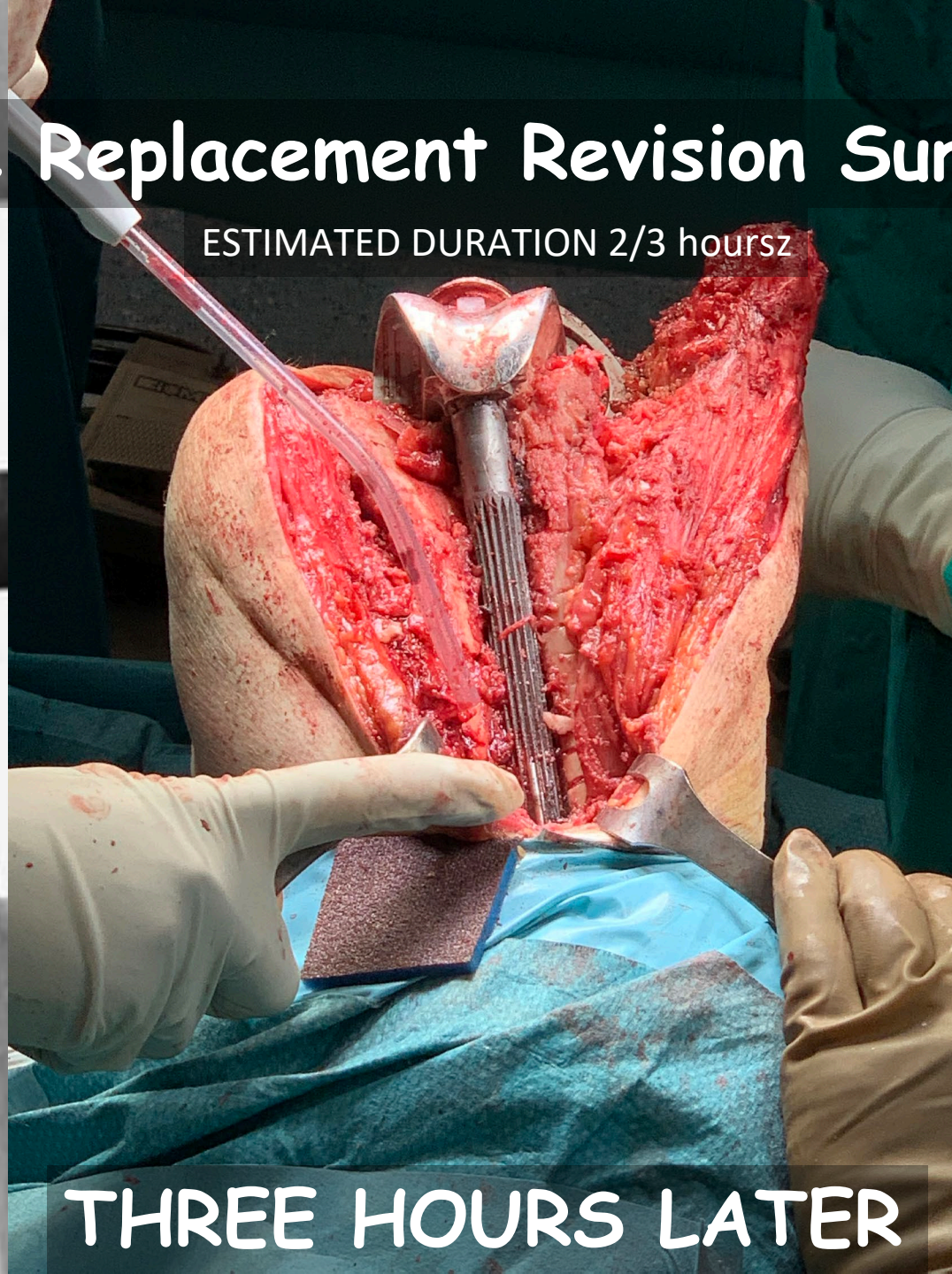
ESTIMATED DURATION 2/3 hoursz



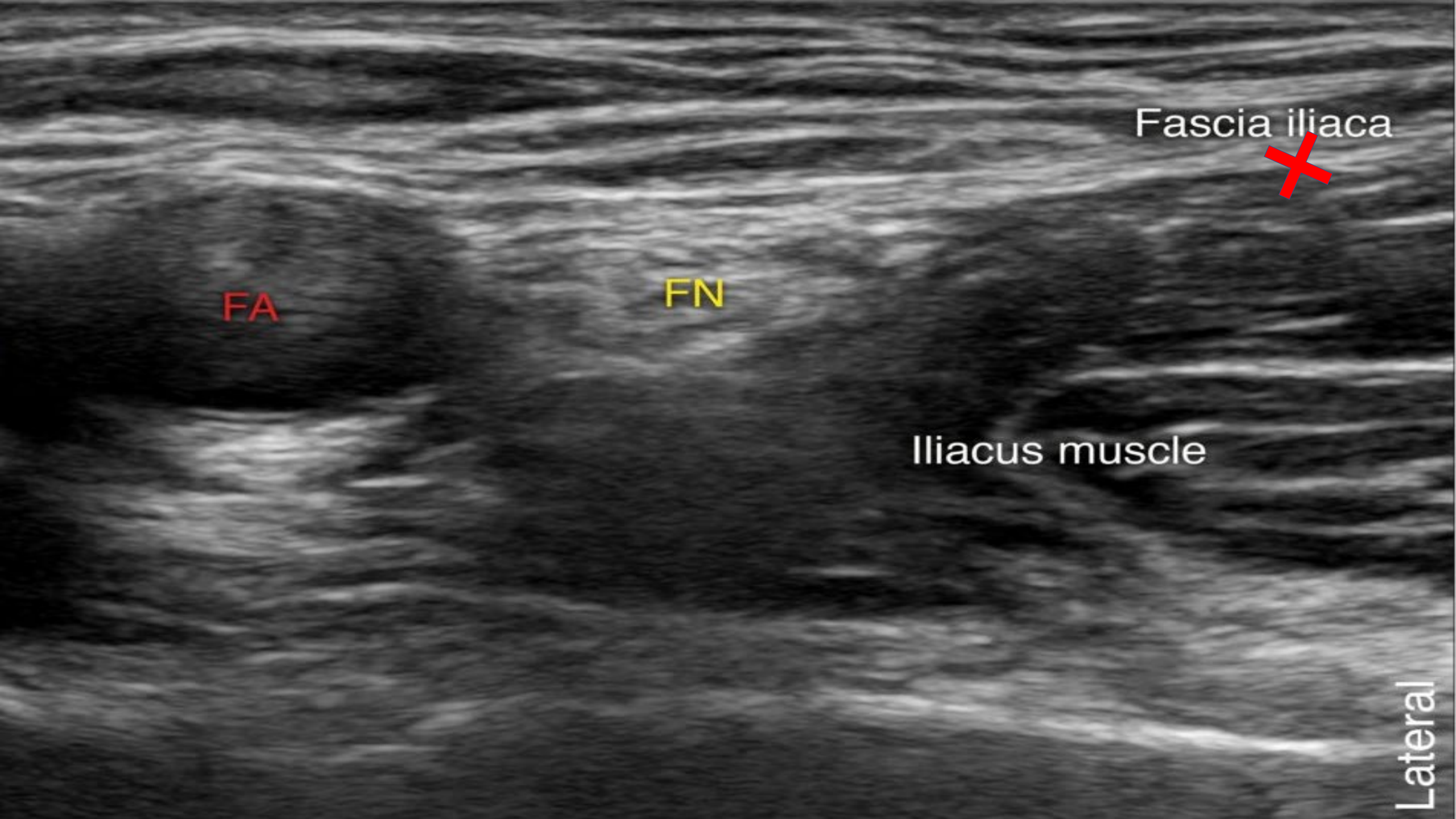
LAST FAMOUS WORDS

Knee Replacement Revision Surgery

ESTIMATED DURATION 2/3 hoursz



THREE HOURS LATER



Fascia iliaca



FA

FN

Iliacus muscle

Lateral





**I'M
SORRY,
IT'S
MY
FAULT**





INCIDENT REPORTING FORM

Time of Incident:

Morgan Berry



CAUTION!



Unintended
Consequences
Ahead





Article
TextArticle
Info

Late Breakers

E-Poster Viewing – Peripheral Nerve Blocks



PDF

ESRA19-0671 Re-stop before you re-block... an unusual case of wrong sided regional anesthesia

G Pascarella¹, F Costa¹, R Del Buono², C Sebastiani¹, F Longo¹, F Gargano¹ and FE Agrò¹**Re-STOP BEFORE YOU Re-BLOCK...
AN UNUSUAL CASE OF WRONG SIDED REGIONAL ANESTHESIA****G. Pascarella¹, F. Costa¹, R. Del Buono², C. Sebastiani¹, F. Longo¹, F. Gargano¹, F.E. Agrò¹.**¹Campus Biomedico of Rome University Hospital, Anesthesia- Intensive Care and Pain Management, Rome, Italy.²Humanitas Mater Domini, Anesthesia and Intensive Care, Castellanza Varese, Italy.**Background and Aims:**

Wrong side regional anesthesia (Wrong Side Block - WSB) is a serious and avoidable event and may be considered as a sentinel event in healthcare institutions [1]. In 2007, the World Health Organization

WJCS

**STOP before
you block**Notice for anaesthetists
and anaesthetic assistants

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**Re-STOP BEFORE YOU Re-BLOCK...
AN UNUSUAL CASE OF WRONG SIDED REGIONAL ANESTHESIA**

G. Pascarella¹, F. Costa¹, R. Del Buono², C. Sebastiani¹, F. Longo¹, F. Gargano¹, F.E. Agrò¹.
¹Campus Biomedico of Rome University Hospital, Anesthesia-Intensive Care and Pain Management, Rome, Italy.
²Humanitas Mater Domini, Anesthesia and Intensive Care, Castellanza Varese, Italy.



Background and Aims:

Wrong side regional anesthesia (Wrong Side Block - WSB) is a serious and avoidable event and may be considered as a sentinel event in healthcare institutions [1]. In 2007, the World Health Organization (WHO) implemented the Surgical Safety Checklist (SSC), [2] which has enhanced the communication between the surgical team members, improved outcomes, decreased complications, and improved patient safety; despite this, a recent analysis of four publications reported a rate of 0.52 to 5.07 WSB per 10,000 blocks [3]. In November 2010, the Safe Anesthesia Liaison Group (SALG-NHS) started the "STOP BEFORE YOU BLOCK campaign" (SBYB) in order to further reduce incidence of wrong side regional anesthesia [4]. The campaign suggests verifying the side to be blocked immediately before needle insertion. We describe an unusual case of wrong sided block.

Case description:

A 51-year-old male patient was scheduled to undergo right knee endomodel prosthesis revision. The procedure duration was estimated to be 3 hours.
After the WHO safety checklist and marking the surgical site, a right unilateral spinal anesthesia and an omolateral right adductor canal block were performed; deep painful sedation was started. After 2 hours, the surgeon could be needed at least 2 more hours. In order to perform iliofemoral block, a right iliofemoral block was performed. The day after, the patient was discharged.

Results:

The patient and the surgeon were informed. The patient was discharged. Since then, the SBYB campaign has been implemented in our machines.

**WAS I RIGHT
OR WAS I WRONG?**

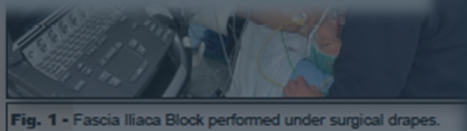


Fig. 1 - Fascia Iliaca Block performed under surgical drapes.

Conclusions:

Even if we already stopped, thought and blocked, if we decide to reinforce our regional anesthesia, we need to re-stop, before to re-block.



Fig. 2 - SBYB poster highlighted, under ultrasound machine.

References:

1. Henshaw DS, Turner JD, Dobson SW, et al. Reg Anesth Pain Med 2019;44:201-205.
2. World Health Organization. Guidelines for Safe Surgery. Geneva: World Health Organization; 2008.
3. E.S. Deutsch et al. / Journal of Clinical Anesthesia 46 (2018) 101-111.
4. European Society of Regional Anaesthesia & Pain Therapy. Wansley P. Stop before you block campaign. 2011 <http://www.rocoa.ac.uk/rocoa/wrong-site-block> Published 2010.

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Anestesia, Rianimazione, Terapia Intensiva e del Dolore (ARTI&D)

Direttore: Prof. Agrò Felice Eugenio



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EVERY MISTAKE IS
AN OPPORTUNITY
TO GROW WISER.

