

European Society of Ophthalmology



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European Leadership Development Program Class of 2023-2025

Project Abstract

The European Society of Ophthalmology requests a brief abstract of the project that each EuLDP participant has worked on during the program. The compiled abstracts will be included on the SOE website and will be given to incoming EuLDP classes as background material. Please e-mail your abstract to E-mail: secretariat@soevision.org

*Please include the headings if appropriate: **Title, Purpose, Methods, Results and Conclusion***

Title of Project:

Introduction of warm local anaesthetic in oculoplastic surgery

Purpose:

Injection of local anaesthetic is used in most of the oculoplastic procedures, which many people find it significantly irritating with burning and stinging sensation. Warm local anaesthetic is one of the well-established methods to reduce pain during local anaesthetic procedures, but is not the common practice in many hospitals, including ours. The purpose of this project is to assess the effect of warm local anaesthetic in oculoplastic patients' experience versus room temperature and implementation of it on routine basis in the oculoplastic procedures.

Methods:

Prospective randomized study started Jan 2024 in Ipswich Hospital, UK. We included volunteer adults who underwent bilateral oculoplastic surgery and had the same injector for their local anaesthetics. We excluded patient that received sedation in addition to the local anaesthetic. Informed consent is obtained by every patient. The following demographic data will be collected: age, gender, and ethnicity, as well as the indication of surgery.

The LA used is composed of equal amounts of 2 % lignocaine/ adrenaline 1:80.000 and bupivacaine 0.5%. The warm LA will be incubated to 38 degrees of Celsius in the warmer for 15 min prior to administration. Each subject's right eye will be randomly assigned to warmed (body temperature) LA on non-warmed (room temperature) LA.

The following baseline data will be collected before and during each the injection of LA: Oxygen saturation, heart rate and blood pressure. After receiving the local anaesthetic injection, patients will be asked to rate of level pain experienced in each eye without informing the patients which eye received the warmed or non-warmed LA. The pain will be assessed using linear analogue pain scale ranging from 0 to 10.

Results:

The results will be collected and data will be analysed using SPSS.

Conclusion:

In our preliminary outcomes, the warm local anaesthetic seems to improve the patient's experience by reducing the pain and stinging sensation, represented both by the numerical pain score and the vitals of the patients. The results and conclusion will be submitted to the Audit team with recommendation for future practice.