Conclusion Our survey highlights that whilst most responders would manage a symptomatic patient with a large SSP with a chest drain, over a third would choose a less invasive approach. Current guidelines appear to be the leading justification. There is current equipoise in the management of SSP.

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OUTCOMES OF AUTOLOGOUS BLOOD PLEURODESIS IN PERSISTENT AIR LEAK: AN EIGHT-YEAR RETROSPECTIVE STUDY

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Abstract P198 Table 1 Results

Variable	Number
Number of attempts at ABP, median (range) n=68	1 (1–3)
Indications for ABP (%)	
Post thoracic surgery	48/68 (70.6)
Secondary pneumothorax	14/68 (20.6)
Empyema with bronchopleural fistula	4/68 (5.9)
Other	2/68 (2.9)
Volume of blood used for ABP, mean (SD), ml n=56	55.3 (16.8)
Time to cessation of PAL, median (range), days n=47	3 (1–7)
Size of chest tube (%)	
≥20 F	52/68 (76.5)
≥12 - <20 F	13/68 (19.1)
<12	3/68 (4.4)
Inpatient ABP outcome (%) n=66	
Secondary pneumothorax	
Cessation of PAL	11/14 (78.6)
Persistence of PAL	2/14 (14.3)
Reduction in PAL	1/14 (7.1)
Post thoracic surgery	
Cessation of PAL	32/48 (66.7)
Persistence of PAL	12/48 (25)
Reduction in PAL	4/48 (8.3)
Empyema with bronchopleural fistula	
Cessation of PAL	4/4 (100)
Success rate of ABP as a second line therapy (%) n=23	
Post talc pleurodesis	8/10 (80)
Post endobronchial valve	6/8 (75)
Post thoracic surgery	1/5 (20)
Treatment following failure of ABP (%)	8/68 (11.8)
Thoracic surgery	3
Endobronchial valve	2
Talc pleurodesis	2
Complications (%)	
Pleural infection	8/68 (11.8)
Tube blockage	1/68 (1.5)
Severe chest pain	1/68 (1.5)
Desaturation	1/68 (1.5)
Recurrence of PAL within one year (%)	1/19 (5.2)

Introduction and Objectives Autologous blood pleurodesis (ABP) is one of the treatment options for recurrent pneumothorax and postoperative persistent air leak (PAL) following lobectomy.

We aimed to assess the effectiveness of ABP in PAL.

Methods Patients who underwent ABP from January 2013 to June 2021 were identified retrospectively through the procedure coding database and review of the pleural booking diary. Data was collected on demographics and treatment outcomes. Success was defined as cessation of PAL permitting drain removal within seven days of ABP.

Results 68 patients underwent ABP averaging 8.5 patients per year. Mean age was 63 (SD 17.23). 18/68 (26.5%) patients were females.

Results are summarised in table 1.

Conclusion In this selected population, ABP is effective in the management of both surgical and medical PAL. Our data suggests high success rate not only as a first line therapy for PAL but also in cases where talc pleurodesis or endobronchial valve placement has failed.

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THE ROLE OF MULTI-LEVEL INTERCOSTAL NERVE BLOCK IN LOCAL ANAESTHETIC THORACOSCOPY (LAT)

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Introduction Intercostal nerve block (ICNB) has long been used as an adjunct to analgesia in thoracic surgery. It provides effective pain relief and a reduction in morphine requirement.¹ Local anaesthetic thoracoscopy (LAT) is performed by respiratory physicians usually under conscious sedation with local anaesthesia at the port insertion site. This however does not sufficiently anaesthetise the parietal pleura and patients can experience pain during biopsies.

Objectives To compare LAT with multi-level ICNB versus standard care to determine if it reduces pain, length of stay (LOS) and analgesia use.

Methods Prospective analysis of patients undergoing LAT between January and June 2021. In the ICNB group, Levobupivacaine 0.5% 10ml was mixed with Xylocaine 1% (lidocaine with adrenaline 1:200,000) 10ml and administered as 4ml per rib space (up to 5 rib spaces) at the angle of the rib immediately before LAT. Standard care received a maximum of 20ml Xylocaine 1% at the LAT port site only. Visual Analogue Score (VAS) for pain (0–100mm) was measured at 1 and 2 hours post LAT and daily including a record of total analgesia used.

Results 20 patients [10 ICNB vs 10 standard care group]. Mean age 68 years with 70% males. The most common diagnosis was mesothelioma (35%) and fibrinous pleuritis (35%). There were no complications associated with ICNB.

Conclusions Patient reported VAS for pain in the ICNB group was reduced by 41mm at 1 and 2 hours post LAT and 38mm at day 1 (p<0.05) compared to standard practice. [Minimal Clinically Important Difference >16mm].² Mean LOS was reduced by 58% in the ICNB group (p<0.05). Oral morphine and paracetamol use reduced by 40% and 56%, respectively.