

**ESRA** ITALIAN CHAPTER

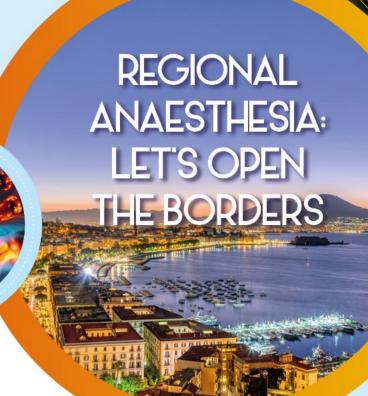
309 NATIONAL MEETING

Presidents:

Giuseppe Servillo, Fabrizio Fattorini

13-15 NOV 2025

NAPOLI HOTEL RAMADA







### Survey on RA in ERlast 6 months results

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# Background









Review

#### The Pain Management of Trauma Patients in the Emergency Department

Andrea Fabbri <sup>1,\*</sup>, Antonio Voza <sup>2</sup>, Alessandro Riccardi <sup>3</sup>, Sossio Serra <sup>4</sup> and Fabio De Iaco <sup>5</sup> on behalf of the Study and Research Center of the Italian Society of Emergency Medicine (SIMEU)



#### 90% of trauma in ED has VAS>4

The lasting consequences of inadequately treated acute pain are thought to be multiple and severe, both in the short and long term. These consequences include increased risk of infection, decreased comfort and progression to chronic pain syndrome, a particularly disabling condition that has significant economic and social consequences [9].





ACS TRAUMA QUALITY PROGRAMS
BEST PRACTICES
GUIDELINES FOR ACUTE
PAIN MANAGEMENT IN
TRAUMA PATIENTS











**American College of Surgeons (ACS)** 

Supported by the American Society of Anesthesiologists (ASA) Administrative Council

Anno 2020



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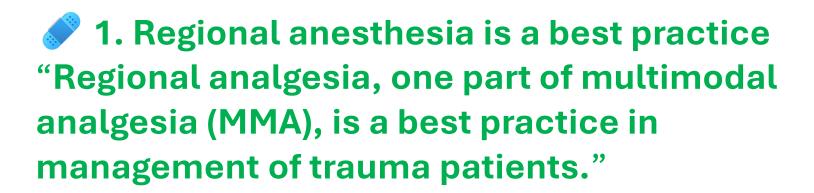
ACS TRAUMA QUALITY PROGRAMS BEST PRACTICES **GUIDELINES FOR ACUTE** PAIN MANAGEMENT IN TRAUMA PATIENTS











\$ 2. Provides superior analgesia and reduces opioid use "Regional analgesia provides superior pain relief compared to systemic analgesia alone, reduces opioid requirements, and may decrease length of stay." AZIOUAL | AZIONA O Spedaliero Universitaria di ALESSANDRIA

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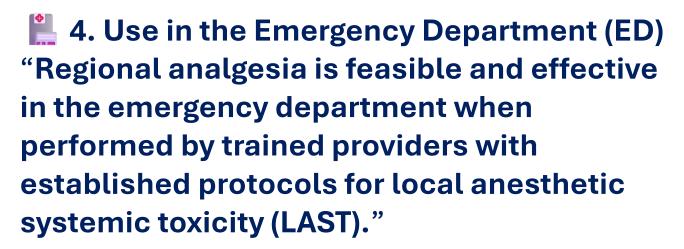




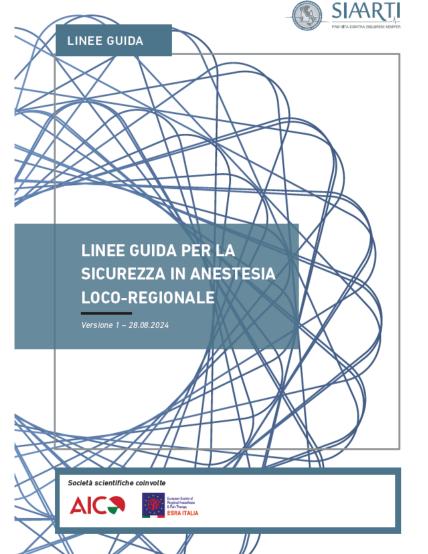








5. Strategic value for outcomes and opioid stewardship "Regional analgesia decreases opioid exposure, enhances early mobilization, and contributes to improved functional recovery in trauma patients."





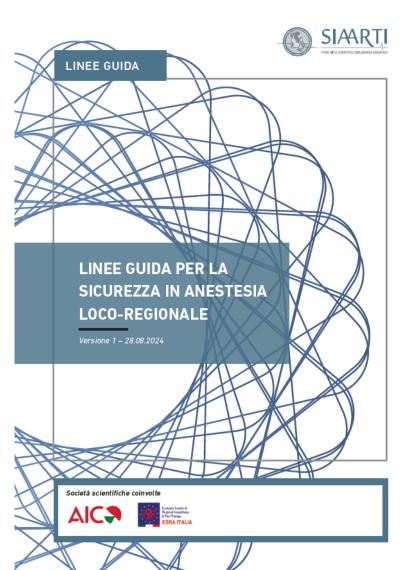
SIAARTI – Società Italiana di Anestesia, Analgesia, Rianimazione e Terapia Intensiva

**AICO Italia** – Associazione Italiana Infermieri di Camera Operatoria

**ESRA Italia** – European Society of Regional Anaesthesia – Italian Chapter







11 «TIPS»

**«PICO 2: DUAL GUIDANCE»** 

**«PICO 3: PNB in patients with DOAC therapy»** 

«PICO 4: use of US during performing PNB»





#### REVIEW



Regional anesthesia in the emergency department outside the operating theatre

Morné Wolmarans<sup>a</sup> and Eric Albrecht<sup>b</sup>







Regional anesthesia and analgesia for trauma: an updated review

Arissa M. Torrie

Review article

Regional Anesthesia for Acute Pain Treatment in Pre-Hospital and In-Hospital Emergency Medicine



analgesia after a
traumatic injury is
imperative for improving
post-trauma functioning
and reducing the risk of
chronic pain."

"There is increasing

evidence that adequate



Pain of Musculoskeletal Origin



### Care priorities are others!!



Document "Ensuring Balance in National Policies on Controlled Substances" (WHO, 2011):

"Access to pain relief medication is a necessary part of the right to health."





### What do we do in ED?

- Do we perform RA?
- Are we prepared to perform RA?
- > Is the value of the technique recongnized?
- What are the main barriers?
- ➤ Is it considered the future of the traumatic acute pain management?







# Methods





- Survey
- ED physicians
- 40 item
- Some question with **LIKERT**





























### Statistical analysis







### Very very simple

### **Descriptive statistics**

Percentage and absolute frequencies

Non-respondents excluded from the denominator

No inferential analysis was conducted





## Results & discussion





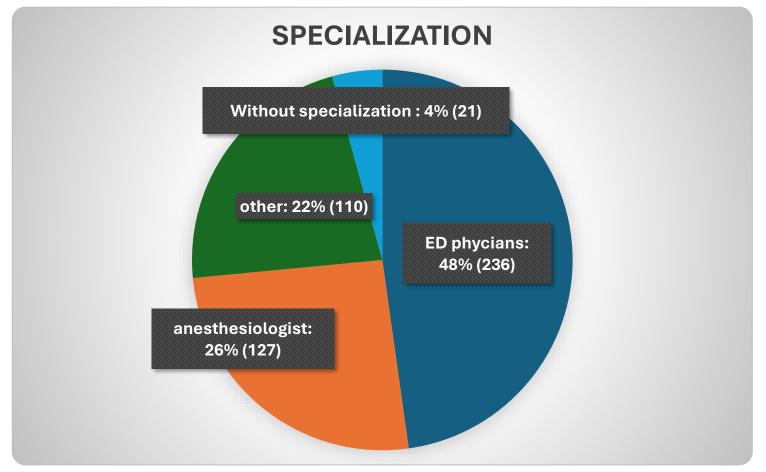
- 574 people start the survey
- 438 (76,31%) answer at least one question after demographic section
  - 390 (67,94%) finish the survey

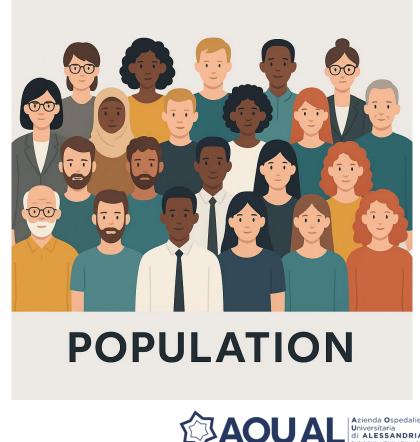


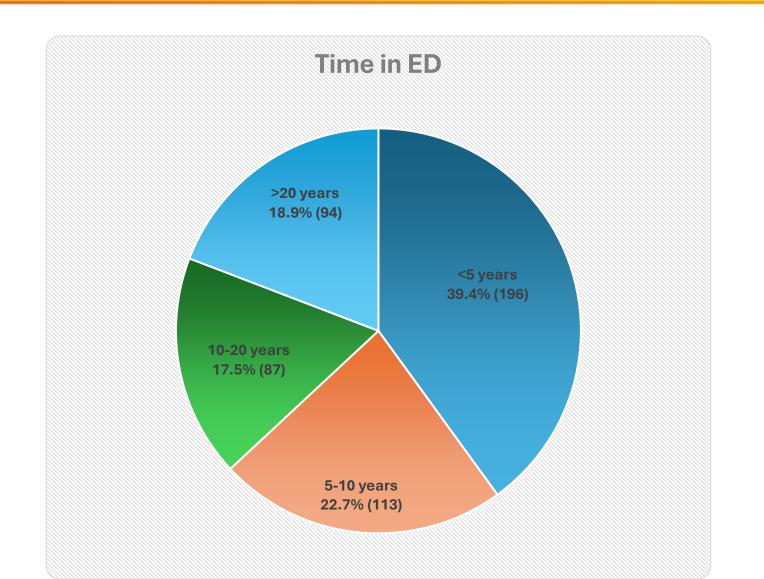




#### 574 total respondents

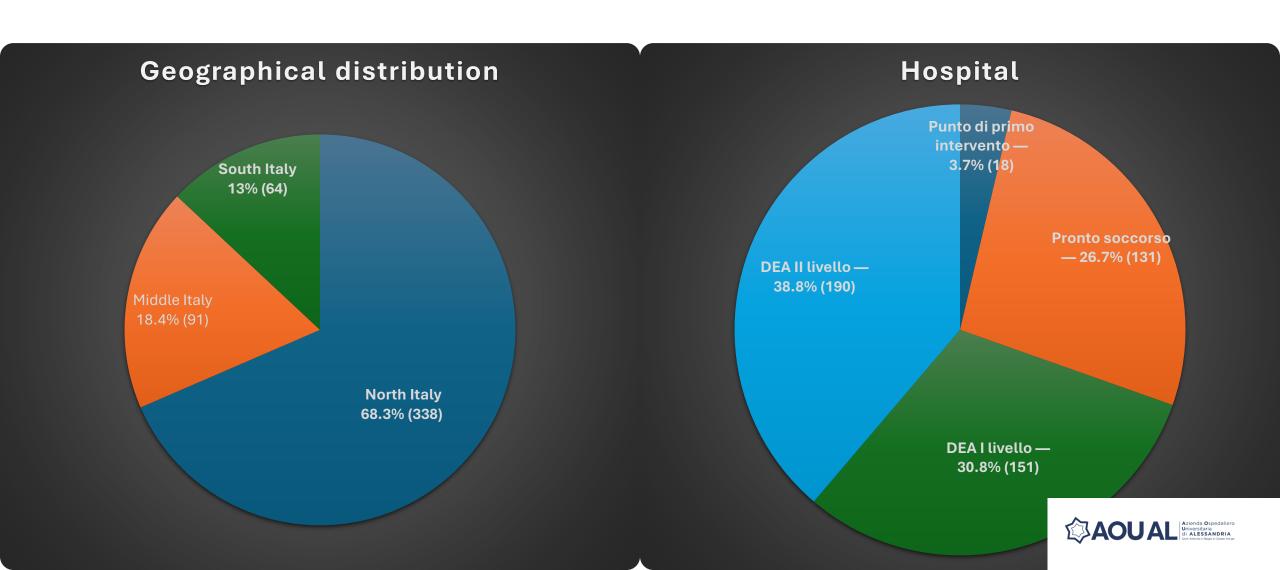






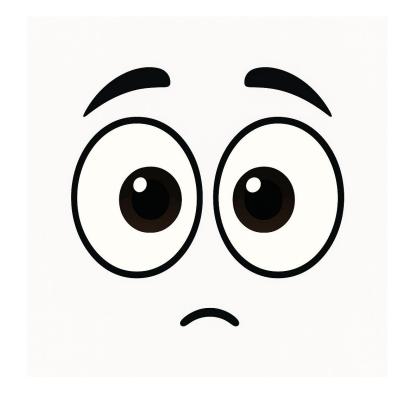








### ONLY 6% believe that pain is adequately treated



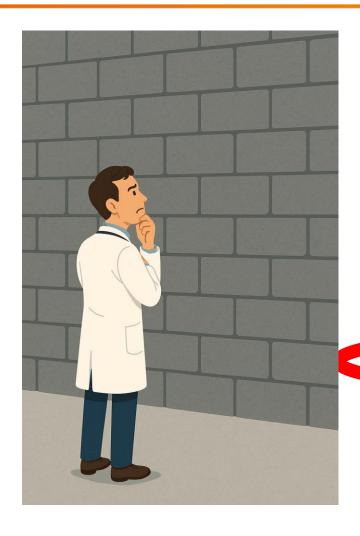


>85% first analgesia in the first hour

**Georaphical hetereogenity** 







What are the main barriers hindering adequate management of acute traumatic pain? (multiple choice)

Time (161) 65.45%

Drugs (50) 20.33%

Equipment (69) 28.05%

**Training/ experience (212) 86.18%** 

Possibility or monitoring arter tratment (97) 39.43%







#### What do you think are the main barriers preventing the use of RA in ED?

Lack of equipment (98) 37 69% Lack of trained personnel (240) 92.31% **Lack of interest (85) 32.69% Opposition from superiors (29) 11.15%** Lack of time (134) 51.54% other (10) 3.85%





### 1/3 of participants use RA in their hospitals

30% of those who perform it, have never attended a traing course!









### But

90% are willing to attend a RA course









### > 90% believe that RA can improve the management of traumatic pain in the ED and is effective

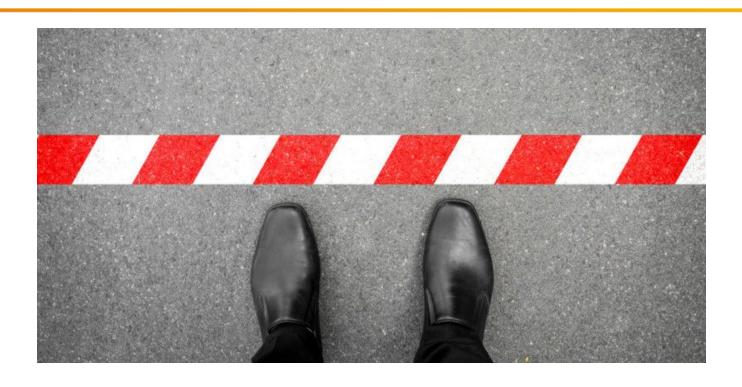




### >86% think that RA for acute traumatic pain is the future







#### **LIMITATIONS:**

we discussed opinions (survey)

Southern regions and island were derrepresented





# COnclusion





- √ Few currently perform RA in ED
- ✓ Those who don't perform RA in ED would like to start doing it
- √ The value of the technique is recognized
- ✓ Almost everyone believes that RA represents the future of acute traumatic pain management
- √ If you want join us with our DATA REGISTRY

















Any questions? (easy please)

