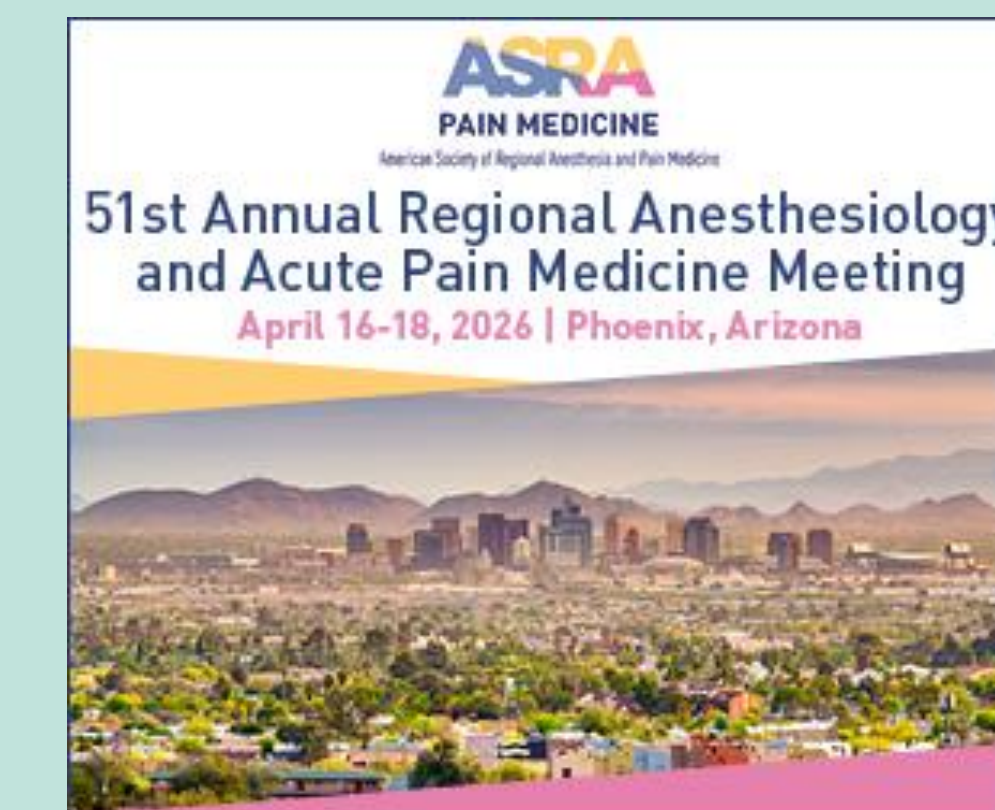


IMPORTANCE OF THERAPEUTIC ALLIANCE, EDUCATION, & ULTRASOUND FOR PATIENT EXPERIENCE OF PERIPHERAL NERVE BLOCKS: A QUALITATIVE STUDY

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Introduction

Both pharmacologic and behavioral means are frequently used to provide anxiolysis and analgesia during regional anesthesia

Pain catastrophizing = negative cognitive-emotional response to anticipated or actual pain

→ associated with: ↑ anxiety + ↑ procedural pain

→ can be scored: Pain Catastrophizing Scale (PCS)

Prior quantitative studies demonstrated patients with high PCS scores (≥10) experienced a benefit of sedation with significantly less maximal procedural pain with sedation compared to education/reassurance, than patients with low PCS scores

Objective/Aims:

- to identify themes regarding patient experience during single injection nerve block placement with titrated sedation or enhanced education/reassurance
- to explore the influence of pain catastrophizing on patient experience

Methods

Patients completed **Pain Catastrophizing Scale** questionnaire in pre-op (PCS; range 0-52; low <10, high ≥10)

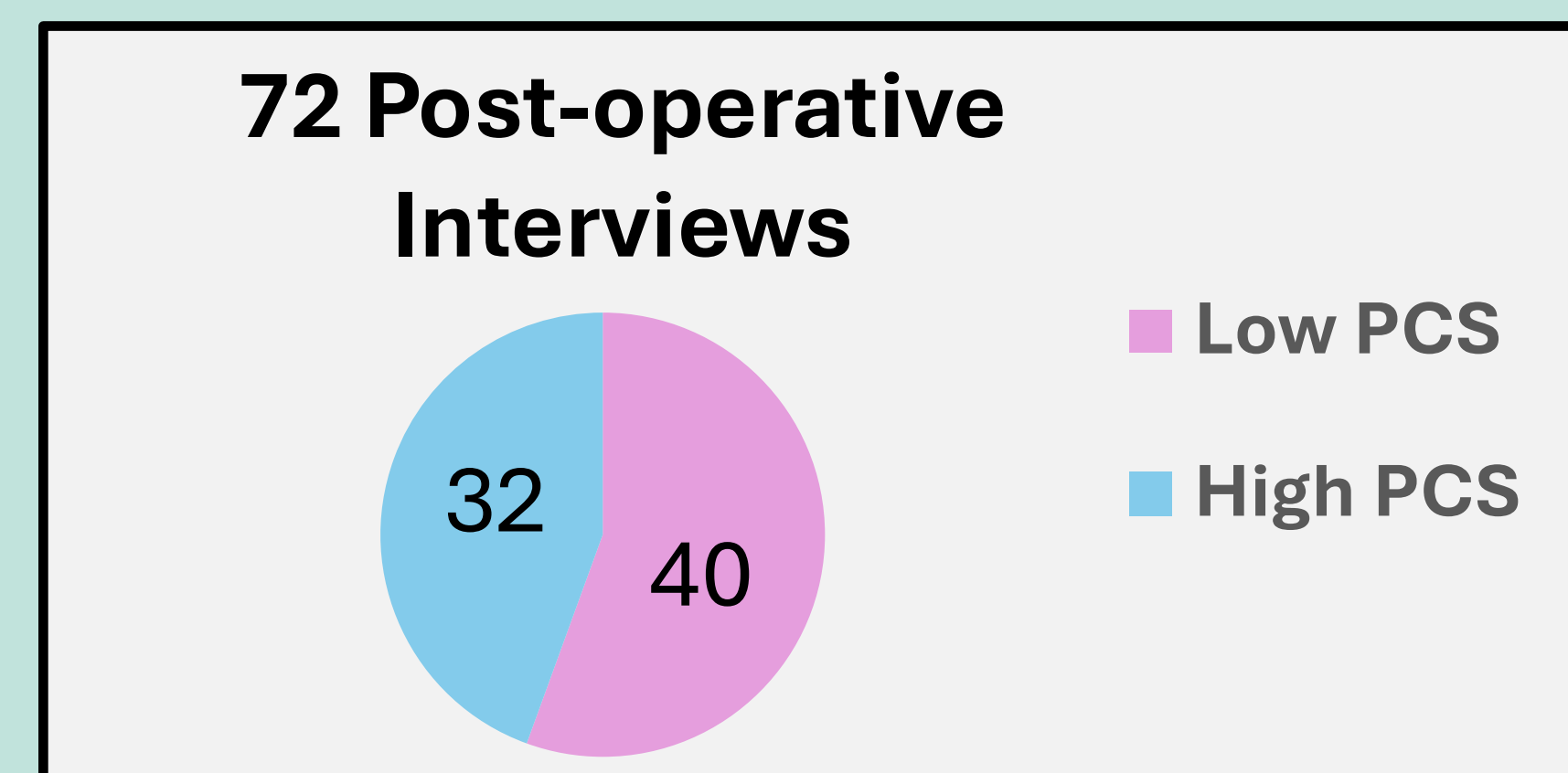
Patients **randomized** to receive moderate sedation or intraprocedural education and reassurance.

Post-op semi-structured interviews about experience with single injection nerve block (SINB) conducted; sample questions:

- If you were to describe your experience with the nerve block to someone else, what would you say?
- What was your overall experience with having a nerve block? What do you remember?
- Did you have a preference for the pharmacologic sedation or nonpharmacologic reassurance/education group? If yes, which one? Why?

Interviews audio-recorded + transcribed, dual coded inductively at the semantic level (Dedoose Software) and **iteratively categorized to identify major themes**

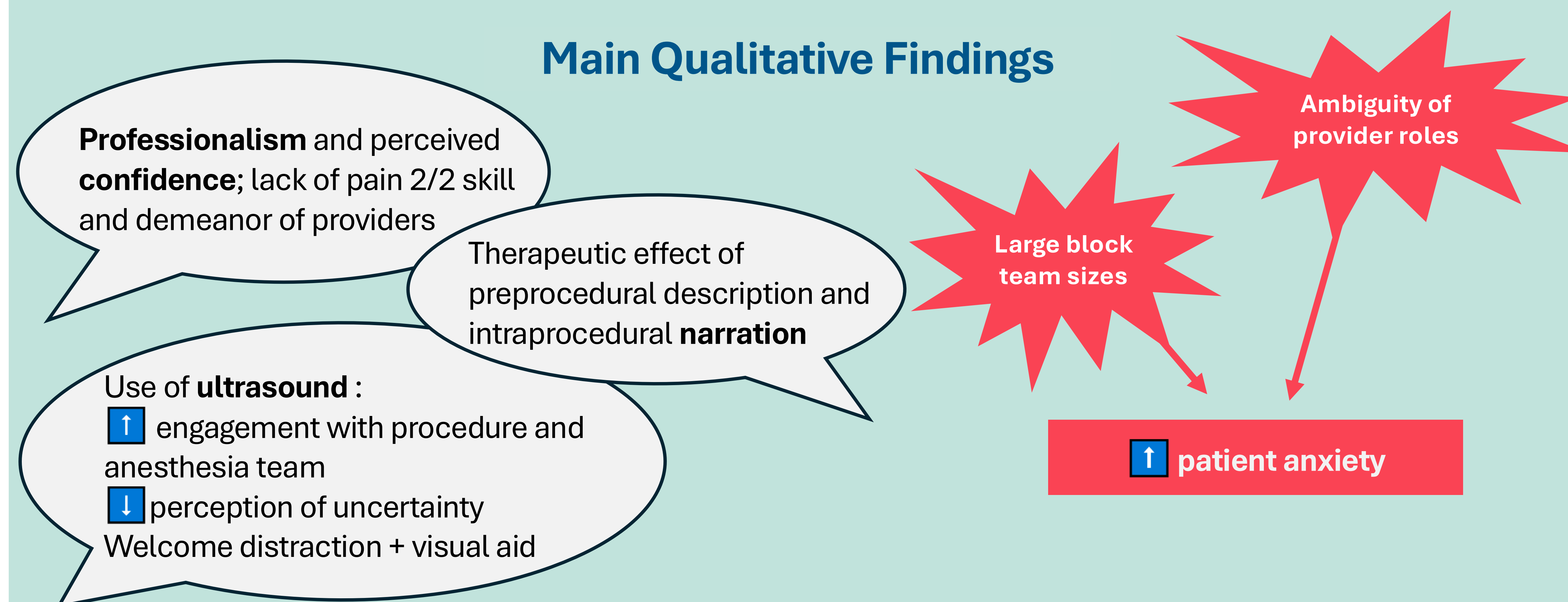
Patient Characteristics



Demographics:

- Average age: 62 (SD:13.1)
- Average BMI : 31.2 (SD:6.4)
- 61% male

Main Qualitative Findings



Key Takeaways:

1. Engagement with the anesthesia providers through intraprocedural education and narration with ultrasound was engaging and distracting.
2. Patients with past painful procedural experiences and patients who endorsed avoidant coping strategies appreciated the desired sedation effects of anxiolysis and analgesia.
3. PCS was not a clear defining factor in differences in patient experiences with receiving a single-injection peripheral nerve block.

Discussion

PCS did not appear to be a defining factor in patient experiences with SINB, as similar themes occurred in patients with a broad range of PCS scores.

Perceived **therapeutic alliance with providers** was a key positive component of the patient experience. Patients valued provider team who were **friendly, confident, and communicative**.

Education and expectation setting, as well as **narration during ultrasound use**, positively impacted the nerve block experience, whereas large teams with unclear roles may increase patient anxiety and lead to a more negative experience.

Anxiety reduction and a focus on patient care delivery and comfort are important

Connection with/qualities of the regional anesthesia provider or team may be equally, or even more important, than what intervention (sedation or education) during SINB

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