377 Expanding the Use of Wide-Awake Local Anaesthesia Non-Tourniquet (WALANT) Technique in The Management of Hand Trauma Patients During the COVID 19 Pandemic

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Aim: COVID19 produced a unique challenge to the management of hand trauma. There was reduced theatre capacity and inpatient beds as staff and resources were lost to make way for the critically unwell¹, however the burden of patients (albeit reduced) requiring emergency procedures remained². During 1stUK peak we adopted a one-stop hand trauma clinic where patients were assessed by senior surgeons and immediately operated on under local anaesthesia with Adrenalin, a model mirrored by other units across the UK during this time 3,4. Subsequent to surgery they were either seen on the same day for advice with a hand therapist or booked for immediate hand therapy fol-

Method: A retrospective review of 158 cases operated on over a 4month COVID19 period compared to the same 4-month period 1 year previously. Indications for surgery and type of anaesthesia were recorded. Follow up and complication rates were reviewed for the COVID19 patients.

Results: There were similarities in the demographic of patients across both cohorts and in mechanism of injury, with trauma the highest indication for surgery. The comparable data sets showed only 21% of patients treated used WALANT pre-COVID19 versus 100% of patient during COVID19.

Conclusions: WALANT is a viable model by which to perform emergency hand trauma surgery in a low cost and low resource setting. Previously this model was not utilised to full effect in our hospital. The results demonstrate the adaptability of WALANT in an adverse and dynamic situation, such as COVID19, thus highlighting benefits to patient care and service provision.