reconstruction in patients with symptomatic occlusive atherosclerotic has been explored and compared with patients managed with general anaesthesia (GA).

Methods: Patients undergoing infra-inguinal revascularisation between 2019-2020 were identified from a prospectively maintained administrative theatre dataset. Case-linkage was used to complete the dataset. Specific end points included to critical care admission and peri-operative mortality.

Results: There were 204 patients identified (46 RA and 158 GA). The mean age of patients in both groups was 67-years and procedures were commonly performed in male patients (although the male:female ratio was higher in the RA group 2.8:1 than in the GA group 1.4:1). More patients in the RA had intervention for chronic limb threatening ischaemia (80% versus 59%). The interventions performed were comparable in both groups. The mean length of procedure was less in the RA group (142-minutes versus 160-minutes). No patients in the RA required admission to critical care (10 patients managed with GA required admission to critical care). The 30-day mortality was comparable in the RA and GA groups (2.2% and 1.9% respectively).

Conclusions: Regional anaesthesia would appear to be feasible for patients undergoing infra-inguinal arterial reconstruction with a reduction in operating time and critical care admission without increased peri-operative risk.

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Regional anaesthesia for infra-inguinal revascularisation in patients with symptomatic peripheral arterial disease

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Introduction: General anaesthesia is considered to be an aerosol generating procedure. The global Covid-19 pandemic has resulted in review of practice to reduce risk to both patients and health care workers. The outcome of regional anaesthesia (RA) for infra-inguinal arterial