

4CPS-145 COLLABORATIVE IMPLEMENTATION OF 'WALANT' (LOCAL ANAESTHETIC) TECHNIQUE IN A HAND SURGERY WARD

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Background and Importance The Wide-Awake Local Anaesthesia No Tourniquet (WALANT) technique is an alternative approach in certain hand- and upper extremity surgery procedures, that utilises a combination of local anaesthetic and haemostatic agent to replace traditional general anaesthesia and tourniquet application, making procedures time-saving, cost-effective and also enables faster recovery. To meet these expectations, a request for developing an adapted formulation of WALANT solution arrived from Hand Surgery Department.

Aim and Objectives Our aim was to designate the obtainable and suitable pharmaceutical products serving as the basis of the WALANT solution. Also, we aimed to design a practical and visually comprehensible dosage guide (in table form), as well as to reply to various professional questions that may arise (duration of action, shelf life, side effects, etc.).

Material and Methods An adapted formulation was developed, relying on international recommendations and extensive literature research, considering professional and economic issues, harmonising different measurement units. The dosage guide was compiled in accordance with the instructions provided by SPCs, in two effective concentrations of various commercially available products.

Results The local concentration of haemostatic adrenaline solution was determined to be 0.005% (1:200,000 ratio for adults). For children and cardiology patients, exceeding a 0.0025% (1:400,000) local adrenaline concentration is not recommended; therefore, our dosage table includes the formula of diluted solution as well. As for the local anaesthetic, lidocaine was used in 1% concentration. Chemical stability of the solution was ensured by adding sodium bicarbonate (0.84%). The appropriate amount of normal (0.9%) saline solution was used for dilution, depending on the desired total volume (5, 10 or 20 ml). After 'in situ' preparation of WALANT solution by physicians, opened ampules were advised to be discarded, due to concerns of microbiological stability, labelling and storage safety. Hand Surgery Department specialists were educated on potential adverse drug reactions and management. The workload of the anaesthetic team has been considerably reduced by approximately 30–40%, which has had good impact on human resource capacities and cost-effectivity.

Conclusion and Relevance The introduction of WALANT technique has had a beneficial effect on cost-effectivity while maintaining patient safety. This successful collaboration

strengthened the professional relationship and trust between the Hand Surgery Department and Hospital Pharmacy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-146 ECONOMIC IMPACT ON MULTIPLE MYELOMA CLINICAL TRIALS IN THE PHARMACY SERVICE

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Background and Importance Clinical trials (CTs) offer a chance to use innovative therapies, discover new treatments, and expand options for specific diseases. According to current legislation (RD1090/2015), sponsors are required to provide all investigational medication, except for certain exceptions.

Aim and Objectives Given the increase in clinical trials of multiple myeloma (MM) in our centre, we focused on determining the economic savings this entailed. This is because the medication for patients included in the trial was provided by the sponsor, resulting in zero cost for the centre.

Material and Methods Retrospective, single-centre observational study encompassed all MM CTs conducted at the hospital from 2018 to 2022. Exclusion criteria: CTs that did not enrol patients during the study period or did not dispense medication.

The calculation of medication cost savings took into account medications provided by CT sponsors, leading to reduced treatment expenses for patients since the hospital would have covered these costs if patients had not participated in the clinical trial. Medications not available on the market during the study period were not considered in the analysis. Cost calculations were based on PVL-DISCOUNT (discount agreed with the laboratories) +VAT at the time of the trial.

The main study variable was the avoided medication cost over 5 years, while secondary variables included the average cost saved per CT and the average cost saved per patient. The analysis did not take into account the cost of materials used in CT development, personnel, other medications, day hospital costs, etc.

Results Currently, there are 298 active CTs related to MM in Europe, of which 123 are in Spain, and 19 are in our region. Out of these 19 active CTs, 14 are active in our Health Area. However, one was excluded because no dispensations were made within the analysis period, resulting in a total of 13 included CTs (Phase I:0%; Phase II:33.3%; Phase III:66.6%), which recruited only 67 patients during the study period, due to the pandemic (average 5.15 patients/CT; range 1–22).

The direct cost saved over 5 years amounted to € 2,920,608.28, average savings per CT € 224,662.17.

Conclusion and Relevance In conclusion, the development of CTs in the study centre generated significant economic savings in MM treatment. This cost provided by sponsors should be reinvested in the creation of well-equipped clinical trial units.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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