

Awareness among medical practitioners for recognizing and managing *local anesthetic systemic toxicity (LAST)*: a cross-sectional survey evaluating knowledge gaps and practice readiness at a tertiary cancer centre in Pakistan

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01 METHODS AT A GLANCE

84

OR clinicians: 43 anesthesia, 41 surgery

11

knowledge items in a 24-item survey

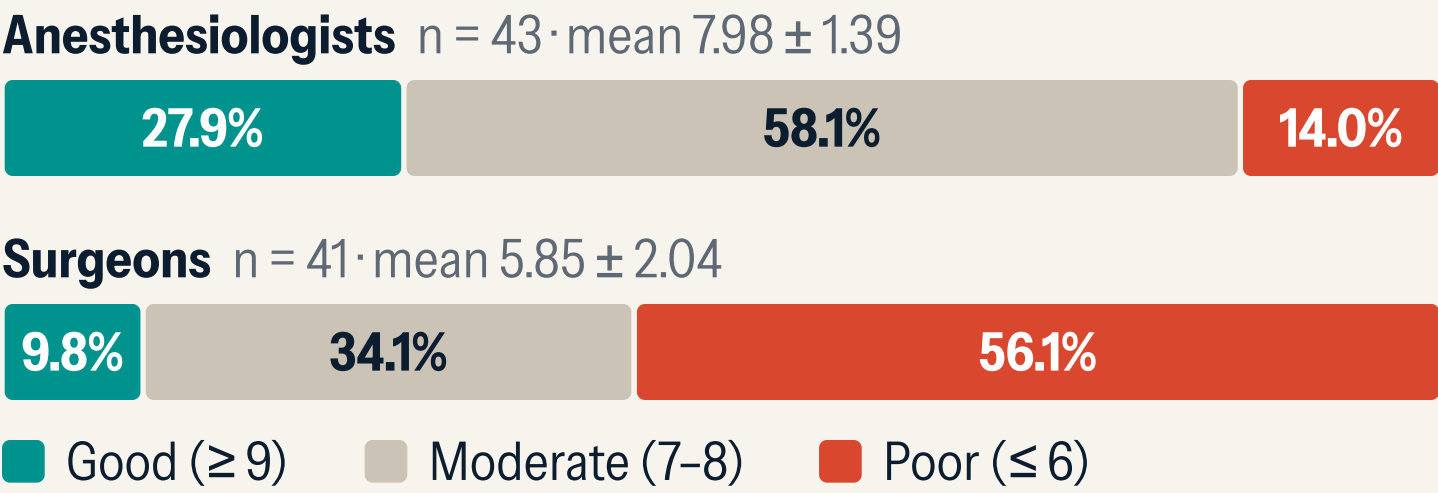
≥ 7/11

adequate knowledge (Bloom's ≥ 60%)

aOR

multivariate logistic regression

02 KNOWLEDGE AND ITS PREDICTORS Overall mean 6.94 ± 2.03 of 11



Specialty gap: Mann-Whitney U, p < 0.001

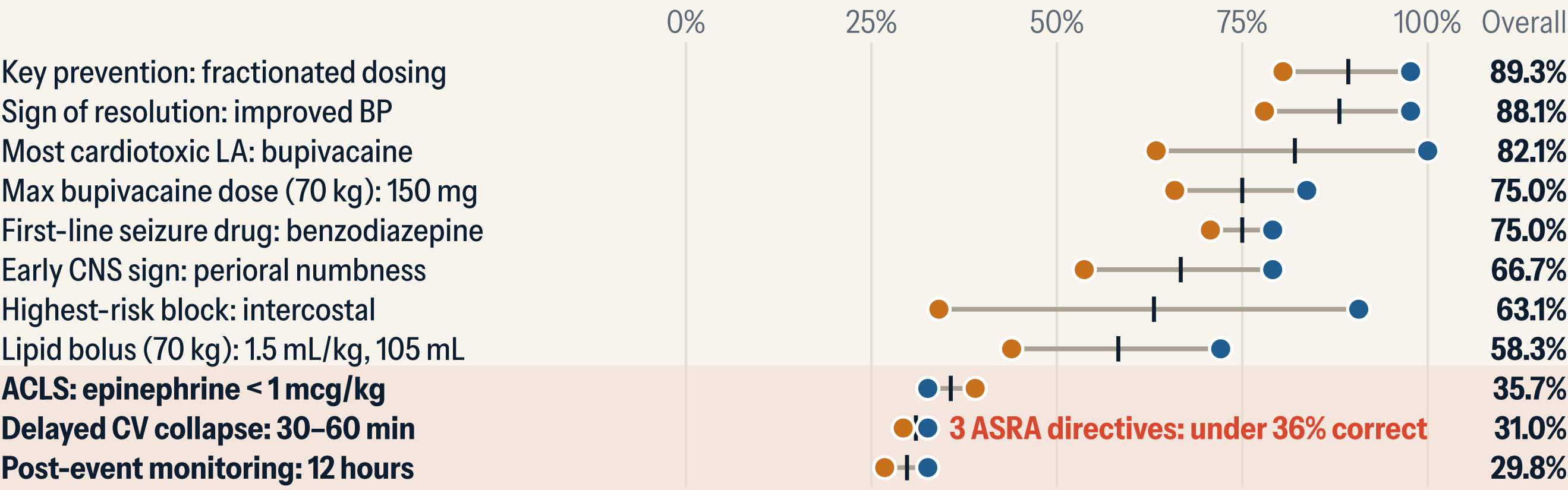
SOLE INDEPENDENT PREDICTOR

0.10 aOR

Surgeons' adjusted odds of adequate knowledge vs anesthesiologists (95% CI 0.03-0.36; p < 0.001)

Experience, LA-use frequency and formal LAST training: not significant

03 BENCHMARKED AGAINST ASRA 2017



04 PRACTICE READINESS

Immediate lipid emulsion access in facility

Yes 41.7%

No 57.1%

Lipid emulsion kit at own workspace

Yes 44.0%

Unsure 35.7%

No 20.2%

56.0%

confident recognising early LAST

72.1% vs 39.0%

26.2%

prepared to lead a LAST resuscitation

37.2% vs 14.6%

CONCLUSION

LAST knowledge is inadequate in a substantial share of OR clinicians, and surgical specialty is the sole independent predictor of poor knowledge.

- 1 Specialty-stratified LAST simulation training
- 2 Lipid emulsion in every procedural area
- 3 ASRA-aligned protocol posters in the OR
- 4 Oncology-adapted LAST education

References: Neal JM et al. ASRA Practice Advisory on LAST, 2017. Reg Anesth Pain Med 2018;43:113-123 · Bloom BS. Eval Comment 1968;1:1-12. **Model fit:** Hosmer-Lemeshow p = 0.892; Nagelkerke R² = 0.296; AUC = 0.783. Splits are anesthesiologists vs surgeons. ACLS, advanced cardiac life support; aOR, adjusted odds ratio; CV, cardiovascular; LA, local anesthetic; OR, operating room. IRB approved; no conflicts; no external funding.