of the consent process and risks that had allocated tick-boxes were consistently documented, those without tick-boxes were infrequently documented. Time-pressures on the consent process may also explain these findings. Effectively designed anaesthetic charts provide prompts to aid discussion and facilitate documentation. Following these findings, we aim to re-design the trust anaesthetic chart to better facilitate the consent process, improve the patient journey and protect clinicians. Re-auditing following this will aim to demonstrate quality improvement.

Obstetric

99 PROGRAMMED INTERMITTENT EPIDURAL BOLUSES (PIEB) FOR LABOR PAIN RELIEF

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Background and Aims Epidural analgesia is the gold standard for the pain relief of labor.

The aim of this study was to compare the analgesic efficacy of PIEB technique and traditional techniques of epidural analgesia for labor pain relief.

Methods We studied 145 subjects. Term women with spontaneous labor and cervical dilation > 1–2cm were eligible to participate in the study. All parturients divided into 5 groups:

1. manual boluses (levobupivacaine 0.25%–10.0 ml);
2. PCEA (levobupivacaine 0.125% – 10.0 ml every 30');
3. CEI (0.125% – 10.0 ml/hour) + PCEA (levobupivacaine 0.125% – 10.0 ml every 30');
4. loading dose of levobupivacaine 0.125% – 10.0 ml, then CEI (0.0625% – 15 ml/hour) + PCEA (0.0625% – 10.0 ml every 20');
5. loading dose of levobupivacaine 0.125% – 10.0 ml, then PIEB (0.0625% – 9.0 ml every 45 ') + PCEA (0.0625% – 10.0 ml every 10').

The effectiveness of labor analgesia was evaluated using VAS.

Results The analysis of the obtained data showed that the combined regimes of epidural analgesia (PCEA + CEI, PCEA + PIEB) provide a more consistent and effective analgesia of the first stage of labor than bolus techniques. However, the greatest average decrease in pain intensity in both I ($p < 0.00002$) and II ($p < 0.0004$) stages of was achieved in group 5 (PIEB) both in absolute and relative units.

Conclusions The PIEB technique with PCEA showed the greatest efficacy of pain relief during first and second stages of labor.

100 IMPACT OF PREOPERATIVE ORAL REHYDRATION ON THE INCIDENCE OF POST-SPINAL HYPOTENSION FOR SCHEDULED CESAREAN SECTION

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Background and Aims Low blood pressure is one of the most common complications following spinal anesthesia for elective cesarean section (C-section). Fasting has been considered by some authors as a contributing factor[1]. Our study tested the hypothesis that oral rehydration, 2 hours before a C-section, would reduce the incidence of hypotension and the use of vasopressor agents.

Methods Twenty-six patients, admitted for a C-section, after a simple uncomplicated pregnancy, were included in this prospective randomized study. Patients have been fasted since midnight the day before the operation. In the first group, the fast is maintained until the intervention (control group); in the 2nd group, patients received 400 ml of a preoperative rehydration solution, 2 hours before anesthesia (rehydration group). Any decrease in systolic blood pressure (SBP) of more than 20% from the patient's baseline SBP or the use of a 3 mcg bolus of norepinephrine was considered as a hypotensive episode. Primary endpoint of the study was defined as the incidence of at least one hypotensive episode occurring between the spinal anesthesia and cord clamping.

Results The two groups of patients were comparable (table 1). The incidence of hypotensive episodes, their number and the amount of norepinephrine used were not different between the groups. Maternal satisfaction was comparable.

Conclusions Under the conditions of our study, preoperative rehydration does not reduce the incidence of hypotensive episodes during spinal anesthesia for C-section. These results are to be confirmed after inclusion of the total number of patients expected (50 per group)

Abstract 100 Table 1

	Control group N = 13	Rehydratation group N = 13	p value
Age (Y)	30 ± 5	33 ± 6	0,083
BMI (kg.m^{-2})	27 ± 4	28 ± 6	0,625
Gestational age (weeks)	38 [36-39]	38 [38-39]	0,682
Hypotension (%)	11 (85)	10 (77)	0,619
Hypotension (nb)	2 [2-6]	4 [1-9]	0,393
Noradrenaline (mcg)	18 [6-26]	24 [3-45]	0,644
Maternal satisfaction	5,0 [5,0 – 5,0]	5,0 [4,0 – 5,0]	0,585

Continuous data with normal distribution : Mean ± SD ; Student t test
Continuous data with non normal distribution : Median [IQ] ; Mann-Whitney U test