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THE STUDY OF THE SENSOR BLOCK DURING LABOR ANALGESIA: PROGRAMMED INTERMITTENT EPIDURAL BOLUSES (PIEB) VERSUS CONTINUOUS EPIDURAL INFUSION (CEI)

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Background and Aims Randomized trials show that the use of the PIEB reduce the frequency of the motor block, fewer manual boluses and provides greater maternal satisfaction compared to CEI.

The aim of study was to compare the dynamics of the sensory block of PIEB+PCEA to CEI+PCEA for maintenance labor analgesia.

Methods We studied 70 subjects. The level of the sensor block evaluated the «pin-prick» test. All parturients divided into 2 groups:

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’).

Results The results indicate that in the PIEB group, the level of sensory block in patients was higher after 15 minutes the start of analgesia and remained so until the end of the observation period (median PIEB Th5 versus Th8 in the CEI group, (p <0.0004). When cervical dilation full (II stage), the intervals and distributions of the sensor block level in the CEI and PIEB groups completely diverge (p <0.00001). The median and peak frequency of the sensor block level in the CEI group are at Th9, while the same statistics in the PIEB group are Th6.

Conclusions PIEB + PCEA technique maintained a consistently high level of sensor block throughout the study compared to PCEA + CEI, which ensured effective analgesia in the first and second stages of labor.

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QUESTIONNAIRE SURVEY OF SATISFACTION WITH LABOUR NEURAXIAL ANALGESIA

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Background and Aims Neuraxial analgesia for labour has become common practice in developed countries. The aim of this study was to evaluate the degree of satisfaction with neuraxial analgesia during labour in our institution which is requested by more than 80% of women.

Methods We conducted a retrospective questionnaire survey to women up to 3 days after delivery, between July and September 2020. The primary outcome was the degree of satisfaction (using a numeric rating scale from 0 to 10). Secondary outcomes were pain relief (using a numeric rating scale from 0 to 10), side effects and reasons not to use neuraxial analgesia. Statistical analysis was performed using SPSS® software (version 22).

Results A total of 232 women answered the questionnaire, of which 47.4% had a combined spinal-epidural technique,

44.4% epidural, 0.4% spinal and 7.8% did not have neuraxial analgesia. The median degree of satisfaction was 10 [9;10]. Pain after the technique reduced from a median of 9 [7;10] to 0 [0;2]. Side effects and other complaints are shown in figure 1. Main reasons not to use neuraxial analgesia were neuraxial analgesia not being offered due to complete dilation on admission (66.7%), tolerance to labour pain (16.7%) and previous unsatisfactory labour neuraxial analgesia (5.6%). About



Exma. Senhora

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Correio eletrónico e PMP

Assunto: Inquérito de satisfação da analgesia epidural de trabalho de parto

Exma. Senhora Dr.ª Sofia Almeida Carvalho,

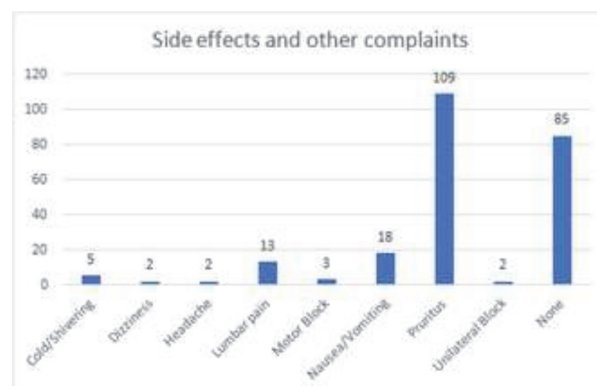
No seguimento da submissão a este Hospital do estudo melhor identificado em epígrafe, no qual V. Exa participa na qualidade de Investigador Principal, temos o prazer de informar que a Comissão de Ética para a Saúde (CES) do HBA considera asseguradas as questões éticas relacionadas com a realização do estudo, pelo que deliberou a sua aprovação em reunião extraordinária do dia 25 de fevereiro do corrente ano.

Com os nossos melhores cumprimentos,

A Presidente da Comissão de Ética para a Saúde do HBA

Maria João Heitor

Abstract 105 Figure 1



Abstract 105 Figure 2