CBO (estimated from tissue oxygen index (TOI)) changes using NIRS. Hyperbaric 0.5% bupivacaine was used for spinal anesthesia. Data was taken from the following five time points: before spinal anesthesia (1), from injection of bupivacaine (2) and at 10 (3), 20 (4) and 30 (5) minutes after injection. Data were calculated using unpaired t-test, Mann-Whitney U test, Fisher’s exact test, repeated-measures ANOVA and Turkey-Kramer multiple comparison test.

Results Changes in SAP (systolic arterial pressure), HR, total-Hb, and TOI with time in each group are shown in figure 1. SAP, total-Hb and TOI significantly decreased after spinal anesthesia in both groups. SAPs were significantly higher in the emergency group but this did not correspond to a similar difference in total-Hb and TOI.

Conclusions There was no significant difference in the change of maternal CBF and CBO after spinal anesthesia between planned and emergency cesarean section although SAP was significantly higher in the emergency CS group.

Abstract ESRA19-0326 Figure 1  Change in NIRS parameters and hemodynamics *P<0.05 between groups

CBO (estimated from tissue oxygen index (TOI)) changes using NIRS. Hyperbaric 0.5% bupivacaine was used for spinal anesthesia. Data was taken from the following five time points; before spinal anesthesia (1), from injection of bupivacaine (2) and at 10 (3), 20 (4) and 30 (5) minutes after injection. Data were calculated using unpaired t-test, Mann-Whitney U test, Fisher’s exact test, repeated-measures ANOVA and Turkey-Kramer multiple comparison test.

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Conclusions There was no significant difference in the change of maternal CBF and CBO after spinal anesthesia between planned and emergency cesarean section although SAP was significantly higher in the emergency CS group.

Abstract ESRA19-0084  PARTURIENT WITH PITUITARY MACROADENOMA: ANAESTHETIC CONSIDERATIONS FOR PERIPARTUM MANAGEMENT

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Background and aims In the literature, there are reported cases of pituitary apoplexy following spinal anaesthesia or accidental dural puncture following epidurals. This case report aims to highlight the anaesthetic considerations when managing a pregnant patient with pituitary macroadenoma during the peripartum period.

Methods Informed consent for publication has been obtained from patient.

Results A 33 year-old primigravida was diagnosed with pituitary macroadenoma during her first trimester when she presented with bitemporal hemianopsia. There was no immediate neurosurgical intervention required for her condition. Bromocriptine and thyroxine replacement was started in second trimester. the patient was under the care of neurosurgery, endocrine, ophthalmology, obstetrics and anaesthesia throughout her pregnancy and was well for the rest of her pregnancy with no worsening of her visual field defect. the neurosurgical and obstetric team agreed to let the patient undergo normal vaginal delivery at 40 weeks gestation. the anaesthetic goal for this patient was to avoid hypertension or hypotension in order to minimise the risk of haemorrhagic or ischaemic pituitary apoplexy. After adequate counselling, epidural was chosen for labour analgesia to avoid excessive hypertension during labour. With lumbar epidural, adequate pain control was established and baby was delivered uneventfully. Close neurological monitoring of the patient was performed post-delivery. Patient was discharged well on the next day and was followed up by neurosurgery.

Conclusions Management of parturient with pituitary macroadenoma involves a multidisciplinary team approach, the anaesthetic management should address the various maternal and foetal needs by maintaining stable systemic, cerebral and placental haemodynamic and to avoid raised intracranial pressure.