Background and Aims Idiopathic transverse myelitis is a rare focal inflammatory disorder of the spinal cord causing motor, sensory, and autonomic dysfunction. Although it has significant anaesthetic implications, there are few reports of obstetric anaesthesia management of patients affected by this condition, with even fewer describing a neuraxial anaesthesia approach.

Methods The authors describe the successful use of neuraxial anaesthesia in a 40-year-old female patient (69kg, 1.52m) at 39 weeks pregnancy with idiopathic transverse myelitis proposed for elective caesarean section. After multidisciplinary team discussion involving a neurologist, and considering the patient’s currently asymptomatic neurological status, a combined spinal-epidural anaesthesia was performed with an initial subarachnoid injection of 1.5 ml of 0.75% ropivacaine and 2.5 μg of sufentanil followed by placement of an epidural catheter for postoperative multimodal analgesia.

Results The procedure was uneventful and postoperative recovery was unremarkable with no reappearance of previous symptoms. The patient was discharged three days after the procedure. Two months after the anaesthesia no new neurological changes have been identified or reported when compared to the preoperative setting.

Conclusions Neuraxial anaesthesia may be a safe approach for elective caesarean section in patients with idiopathic transverse myelitis under similar circumstances. However, neurological assessment before and after neuraxial block is essential, as well as obtaining informed consent.

Background and Aims Lymphangioleiomyomatosis (LAM) is a rare, progressive, idiopathic disease, affecting almost exclusively women of reproductive age. Mainly involves the pulmonary, renal, and lymphatic systems, with an increased risk of complications during pregnancy with significant anaesthetic implications. Information regarding obstetric anaesthesia management of patients affected by this condition is limited.

Methods The authors describe the successful use of neuraxial anaesthesia in a 39-year-old female patient (72kg, 1.60m) at 39 weeks pregnancy with pulmonary and abdominal LAM proposed for elective caesarean section. LAM was incidentally diagnosed two years earlier during in vitro fertilization treatments and was responsible for ICU admission at 20 weeks of pregnancy due to massive bleeding from a 22x18cm renal angiomyolipoma. After multidisciplinary team discussion, and considering the patient’s haematological recovery and currently asymptomatic status, a combined spinal-epidural anaesthesia was performed according to our protocol with an initial subarachnoid injection of 1.6 ml of 0.75% ropivacaine and 2.5 μg of sufentanil. The epidural catheter was left in place for potentially prolonged surgery and postoperative multimodal analgesia.

Results General anaesthesia with positive pressure ventilation was successfully avoided. The procedure was uneventful with no need for vasopressors and postoperative recovery was unremarkable, with the patient being discharged two days after the procedure.

Conclusions Combined spinal-epidural anaesthesia may be a safe approach for elective caesarean section in patients with LAM under similar circumstances.
Background and Aims The aim of our study is to assess the effectiveness of serratus anterior block and placement of a catheter for continuous analgesia, in a female patient with fractures of the 4th, 5th and 12th rib and pneumothorax on the same side, who suffered from severe, refractory pain, after a fall of a height of 3.5 meters.

Methods Under sonographic guidance the landmarks for serratus anterior block were identified: latissimus dorsi and serratus anterior muscles. Using a Contiplex needle, 80mm and 18G and an in plane approach and after hydrodissection with dextrose to confirm that the needle tip was placed in the interfascial space 30 mls ropivacaine 0.2% were injected. A catheter was then advanced through the needle and an infusion pump including 200 ml ropivacaine 0.2% with an infusion rate of 5 ml/h was used in order to achieve continuous analgesia.

Results Immediately after performing the serratus block, a significant improvement regarding the pain was observed and the NRS was reduced from 8/10 to 2/10. During the follow up, the infusion rate remained stable and a total of three bolus doses with 20 ml ropivacaine 0.1% were performed, at the 1st, 2nd and 3rd based on the NRS of the patient. On the fourth day, NRS was 1/10 and the catheter was decided to removed. The patient was free of pain and fully satisfied with our intervention.

Conclusions The serratus block with placement of a continuous nerve block catheter comprises a safe and effective method for analgesia in patients with rib fractures.

B231 PROLONGED ERECTOR SPINE PLANE BLOCK AS AN EFFECTIVE METHOD OF REDUCING CHRONIC PAIN AFTER SPINE SURGERY

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Background and Aims Osteochondrosis is one of the most common causes of back pain. Methods of its treatment range from conservative to complex transpedicular fixations of spine with decompression. In the most difficult cases, despite adequate surgery, pain might return with no less intensity. Aim: reduce the intensity of chronic postoperative pain by prolonged ESP-block.

Methods Patient after posterior metal-autospondylodesis Th11-L4 was admitted with muscular-tonsic syndrome of musculus iliopsoas, plexopathy of the right lumbar plexus with severe pain. Under X-ray control, a Tuohy 18G needle was inserted toward the L2 transverse process, then 20G catheter was passed through the needle under the erector spine muscle at a distance of 2 cm from the tip of the needle. To verify the location of the catheter tip and the spread of the anaesthetic, 10 ml of yogeoxol was injected through the catheter and an X-ray was taken.

7-day patient-controlled infusion of 0.25% bupivacaine followed. Outcomes: visual analogue scale scores at rest (VASr) and movement (VASm), mechanical pain thresholds before ESP-block (MPTb) and 7 days after catheter removal (MPTa).

Results VASr and VASm before catheterisation - 6 and 8 respectively, during infusion - 2 and 3, 7 days after catheter removal - 3 and 4. MPTb - 61.7 gr/mm², MPTa - 52.6 gr/mm².

Conclusions Erector spine plane block can be used to treat severe pain despite its etiology. The use of X-rays to perform blockade can be an alternative technique during this procedure for patients in case ultrasound imaging is technically difficult or impossible due to different reasons.

B232 CONTINUOUS SPINAL ANESTHESIA FOR XYPHO-UMBILICAL INCISIONAL HERNIA SURGICAL REPAIR: A CASE REPORT

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Background and Aims Continuous Spinal Anesthesia (CSA) produces and maintains spinal anesthesia by titrating small doses of local anaesthetic into the subarachnoid space.

Methods 80 year-old-male, ASA 3, grade 2 obesity, with moderate OSA and restrictive pulmonary disease, arterial