A sensory block of T6 and motor block of Bromage scale 4 was achieved with incremental fractionated doses of 16 ml 2% lignocaine with adrenaline. Surgery uneventful with minimal hemodynamic perturbations. Time taken for 2 segment regression of sensory block in this case was around 245 minutes.

Conclusions A continuous caudal catheter placed under ultrasound guidance can be considered as a safe modality for providing anesthesia/analgesia in parturients with a difficult spine anatomy.

Results Lidocaine was reported to be the most commonly administered local anaesthetic (41%), followed by levobupivacaine (17%), ropivacaine (15%), levobupivacaine with lidocaine (9%), bupivacaine (8%), and bupivacaine with lidocaine (8%).

Rationale for the selection of local anaesthetic included familiarity (82%), speed of onset (76%) and quality of block (67%).

Complications that have occurred subsequent to an epidural top up were: failed top up needing general anaesthesia (517); high spinal (109), 22 of whom required tracheal intubation; arrhythmia (31); allergic reaction (6); total spinal (5); local anaesthetic systemic toxicity (3); seizure (3); and cardiac arrest (2).

Conclusions Use of lidocaine and ropivacaine has increased since previous surveys, however bupivacaine continues to be commonly used despite evidence of inferiority in the literature. Rationale for individuals justifying the use of a chosen mixture may not necessarily reflect the latest evidence. The occurrence of complications serves as a reminder that we as anaesthetists should continue to be vigilant at all times.

Background and Aims Multimodal analgesia protocols have become the standard of care. However, there is a paucity of evidence regarding non-pharmacological interventions.

So far, very little attention has been paid to peripерoperative acupuncture as part of a multimodal analgesia protocol. The aim of this study is to evaluate the potential role of acupuncture as an adjunct for multimodal analgesia and enhanced recovery after elective CS.

Methods Prospective data collected on 25 consecutive patients undergoing elective CS between January-March 2022. Informed consent obtained from all patients involved in this case series. The analgesia protocol is shown in Figure 1. Figure 2 shows an Acu-block.