Results Of the 266 patients who had a GA for CD, 56 were converted from a failed ETU. There was a wide variation in drugs used for ETU. The most common reason for conversion to GA was pain/discomfort during surgery in 37% of the cases. The time allowed for the block to be ready for surgery was <30 min in 48% of cases. The block height was tested using cold-spray in 57% cases. Only 41% had a block to touch below T5 following ETU. Only 19.5% blocks were salvaged and repeat ETU with intravenous opioid and/or Entonox was the most common method (50%) and even this practice was variable.

Conclusions Confidence in assessing ETU adequacy and salvaging failed ETU needs more work. We have developed a cognitive aid to help with the decision-making and management in the situation of a failed ETU (Figure 1). Prompts will be included on the anaesthetic chart to improve documentation of reasons and methods used to salvage the block. We plan to repeat this project following implementation.

Background and Aims Postdural puncture headache (PDPH) is a major complication of neuraxial anesthesia which can occur following spinal anesthesia and with inadvertent dural puncture, during epidural anesthesia. Women’s, specially pregnancy women’s, are considered a group of risk for PDPH. Dural punctures during epidural placement occur with a frequency of 1.5% in the obstetric population, and around of 50% of those develop a PDPH. Hospitals should develop protocols for management of accidental dural puncture, including appropriate follow-up and indications for further investigations.
Methods We performed a survey of all patients treated for PDPH from January 2016 until December 2020. The patients analyzed in this study were examined by an anesthesia provider. Since December 2019, a new protocol has been developed for these situations. The forty-one women included in this study started conservative measures such as: bed rest, oral hydration, analgesics and caffeine supplementation.

Results From 41 women identified, 59% reported relief of headache with the conservative treatment and 25% had symptomatic relief when the treatment was associated with Sphenopalatine ganglion block (SGB). Since the implementation of this protocol, there is just a case needing an Epidural Blood Patch (EBP) due to failure of the SGB.

Conclusions Since PDPH can be incapacitating, prompt diagnosis and treatment are mandatory. Our results show that, early identification of patients with PDPH and the initiation of conservative treatment favors a positive evolution. The association of the SGB to the conservative treatment proved to be favorable, leading to a decrease for more invasive treatments.

Abstract B271 Figure 1

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