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

Background and Aims Large acoustic neuromas can rarely be present during pregnancy, which could increase the growth of the tumor, making the anaesthetic management a challenging procedure, especially when dealing with a high BMI parturient.

Methods A 39 year old primigravida presented at 25 weeks gestation with blurred vision, gait imbalance and right facial paresis. Fundoscopy showed bilateral papilledema and MRI revealed a large right cerebellopontine angle mass, compressing brain stem and 4th ventricle. Tumor resection delayed until after delivery, provided there was no worsening of the neurological symptoms. The patient, ASA II with BMI 38, scheduled for cesarean section at 37 weeks gestation. Due to raised intracranial pressure (ICP), neuraxial block was contraindicated. Main concern with general anaesthesia was to prevent any further increase in ICP and be prepared to manage a possible difficult airway, which could lead to hypoxaemia and hypercapnia, increasing ICP.

Preoperatively, an available bed in Intensive Care Unit was requested, in case there were any intraoperative complications and an invasive blood pressure monitoring was introduced. Patient was placed in ramped position with left uterine displacement and rapid sequence induction to anaesthesia with cricoid pressure was performed.

Results There were no intraoperative complications and extubation was uneventful. Newborn’s APGAR score was 9/10.

Conclusions Multidisciplinary and cooperative team approach in this challenging case, together with an effectively planned perioperative anaesthetic management, led to a positive outcome for both mother and newborn.

Abstract B271 Figure 1

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