fifth childbirth. She had Cesarean section before and epidural analgesia for vaginal delivery as well.

**Results** The patient was haemodynamically stable during all birth stages.

After spontaneous vaginal delivery and placental removal the patient started to bleed excessively from the uterus. First laboratory results showed pH 6.0 and coagulation parameters showed signs of DIC (PT 16, APTT 69.3, fibrinogen < 0.4).

Obstetrics team concluded the bleeding was due to uterine atony and carried out according to the protocol. The patient received oxytocin, tranexamic acid, prostataglandine derivates and balloon tamponade was performed. Total average blood loss was about 3 litres.

Intensive therapy included administration of fresh frozen plasma, cryoprecipitate, red blood cells concentrates, platelets and recombinant factor VII.

During all obstetrical procedures the patient was in full contact, haemodynamically stable, there weren’t neurological signs observed and pain relief was managed by the epidural catheter. The patient had one hypotensive episode which was corrected with single administration of Phenylephrine.

**Conclusions** After administration of 1 mg of recombinant factor VII the patient’s bleeding has stopped instantly with improved laboratory coagulation results, thus earlier decided urgent hysterectomy procedure was prevented and there weren’t complications of epidural analgesia.

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**Abstracts**

**B275** SPECIFIC FEATURES SEDATION FOR SPINAL ANESTHESIA DURING CESAREAN SECTION WITH SEVERE CORONAVIRUS PNEUMONIA

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**Background and Aims** Spinal anesthesia (SA) is the main type of anesthesia for caesarean section (SC). COVID-19 pneumonia which complicates the course of pregnancy, requires a rational choice of sedation and respiratory support to ensure SA.

**Methods** The safe conduct of SA was ensured by the temporary discontinuation of the use of heparinoids in the perioperative period. SA was performed exclusively in the sitting position, then the patient was transferred to the horizontal position with the head end elevated by 30–45 degrees (depending on the needs). Respiratory support was used at all stages of preparation, performance, and administration of anesthesia: high-flow oxygenation (HFO) through nasal cannula or face mask, and noninvasive mechanical lung ventilation through the face mask. Maintenance of normotension was provided by intravenous boluses phenylephrine. Sedation was provided by intravenous bolus small doses of propofol or ketamine.

**Results** The above-described features of SA were used by us during CS in 30 women in labor with severe coronavirus pneumonia. Compliance with the characteristics of SA for CS by coronavirus pneumonia was expressed in the following:

1) sitting position - half sitting at all stages of the perioperative period;

2) constant respiratory support, mainly HFO;

3) early transfer to the prone-position in the postoperative period;

4) predominant use 50–75 mg ketamine (not propofol) for sedation during CS.

This approach ensured that there was no need to use general anesthesia with tracheal intubation for CS.

**Conclusions** Supplemented with HFO, ketamine sedation, half-sitting SA is the method of choice for providing CS in labor with severe coronavirus pneumonia.

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**B276** PURINES OF BLOOD, CEREBROSPINAL FLUID, AND THE QUALITY OF SPINAL ANESTHESIA FOR CESAREAN SECTION IN WOMEN IN LABOR WITH COVID-19

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**Background and Aims** Explore the relationship of indicators of purine spectrum of blood, cerebrospinal fluid and the characteristics of spinal anesthesia for cesarean section in women in labor with COVID-19.

**Methods** We examined 30 pregnant women, who before starting spinal anesthesia for cesarean section was performed over the fence of venous blood, in the performance of spinal anesthesia (before the introduction of anesthesia) - fence CSF. Purines was determined by direct spectrophotometry. Take into account the following characteristics of spinal anesthesia: distribution of spinal anesthesia administered dose of spinal bupivacaine mg, speed of onset, depth and height of the spread of spinal block, the need for additional administration of intravenous analgesics and anesthetics. Using parametric and non-parametric correlation analysis, nonparametric comparisons of two groups by Mann-Whitney U Test.

**Results** Dose spinal bupivacaine significantly positively correlated with serum levels of guanine, hypoxanthine, adenine and xanthine. Time of onset of adequate spinal block significantly correlated positively with the level of serum guanine, hypoxanthine, and block height - with a negative concentration guanine and xanthine. Mothers with high-quality, adequate spinal block, which do not require the additional use of intravenous anesthetics differed from women with a low, not enough adequate spinal block, a lower concentration of guanine in blood serum.

**Conclusions** The level of guanine in blood serum can be used to predict the quality of spinal anesthesia in obstetrics with COVID-19, and possibly to define indications for preemptive use of combined spinal-epidural or general anesthesia instead of the single-stage single-dose spinal anesthesia.

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**B277** NOREPINEPHRINE INFUSION FOR PREVENTION OF MATERNAL HYPTENSION. WHICH FLUIDS AND WHEN?

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**Background and Aims** The aim of this randomized study was to investigate the combination of a norepinephrine infusion and colloid preloading versus the combination of a norepinephrine infusion and crystalloid co-loading for the prevention...