Midline and depth to posterior complex are seen as the primary landmarks to establish on ultrasound (Figure 2).

Perceived reasons why ultrasound might not be used are shown in Figure 3.

Only 9% of departments have guidelines for ultrasound-assisted CNBs.

Conclusions Ultrasound-assisted CNBs in obstetric anaesthesia remains a divisive subject, despite evidence suggesting it is a low-skill technique with improved first-pass success, without adding excessive time.

40% of responders do not use ultrasound due to lack of training and confidence in the technique and fears that overreliance on ultrasound may lead to deskilling in landmark techniques.

Time pressures, lack of trainers and uncertainty of benefits are the main barriers to implementing training.

For ultrasound-assisted CNB to gain more acceptance, we suggest:

1. Recognising neuraxial ultrasound as a key skill
2. Further guidance and training from the OAA or other regional anaesthesia course providers
3. Teaching and competency achievements must be embedded into training

Unilateral Upper Arm Sensory and Motor Blockade Associated with Ipsilateral Horner’s Syndrome After Epidural Anesthesia for Urgent Cesarean-Section

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Background and Aims Subdural blockade is a rare complication after neuraxial anesthesia, which usually manifests as a patchy or disproportionate block.

We present a case of a primiparous that developed unilateral upper arm sensory and motor blockade associated with ipsilateral Horner’s syndrome after epidural anesthesia for urgent cesarean-section.

Methods An obese primiparous, 23-years-old, 39 weeks and 4 days pregnant, ASA II, was admitted in latent phase of labour. After 12 hours, an epidural catheter was inserted (L3-L4 level) and 10 mL of ropivacaine 0.2% and 10mcg of sufentanil were injected with pain relief. Epidural analgesia was administered as requested with no complications during labour.

Results After 24h, an urgent cesarean-section was performed due to stationary labour. After injection of 12 mL of ropivacaine 0.75% through the epidural catheter, a fall superior to 20% of basal blood pressure was noted, with need for vasoactive drugs, associated with upper arm motor and sensitive blockade. After neurologic examination, ipsilateral Horner’s syndrome was detected. High regional block was excluded. A newborn was delivered with APGAR score of 9–9-10. At the post anesthesia care unit, possible subdural drug spread was assumed, and the catheter removed. Two hours later, upper arm motor and sensitive blockade was reversed, with ptosis and miosis maintenance. The patient was discharged to the nursery.

After 12 hours, ptosis and miosis were solved. Discharge home occurred on the second postoperative day.

Conclusions New neurologic manifestations after epidural drug administration require brief evaluation to exclude complications as high regional block.

Effective communication with the patient is of utmost importance.

Near Miss Coagulopathy! Should Preeclamptic Parturients with IV Drug Abuse Get Serial Investigation

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Background and Aims A 32-year-old G1P01 at 36-weeks-3-days with a history of alcohol and opioid abuse, asthma, gestational hypertension presented with severe pre-eclampsia(Sp) by blood pressure criteria. The patient refused a trial of induction of labor and was scheduled for Cesarean section (CS) under neuraxial anesthesia. Her blood workup was normal 10 hours prior to her CS. A repeat workup showed

Abstract B278 Figure 2

Abstract B278 Figure 3

Abstract B280

Abstract B281
Background and Aims: The effects of intrathecal morphine (IM) are well studied on analgesia, nausea and vomiting but not on bladder function. We aimed to determine the effects of IM on urodynamics in women having spinal anesthesia (SA) for Cesarean section (CS).

Methods: The primary outcome variable was the effect of intrathecal opioids on urinary urodynamics; the secondary outcome was the need for urinary bladder re-catheterization.

56 patients undergoing elective CS under SA received a mixture of hyperbaric prilocaine and sufentanil with the addition of 100mcg morphine or NaCl.

We evaluated bladder volume, micturition volume, peak flow, duration of miction and postmicturition residual volume (PMRV) before and after CS.

Independent continuous variables were compared by X2 test or Mann-Whitney test. Repeated bladder functions data were compared by the analysis of variance for repeated measures with mixed models and a Bonferroni test.

Results: The addition of IM prolonged the time to recovery of bladder awareness (8.1 hours ± 3.6 - 8[6–10] vs. 5.3 hours ± 1.3 - 6[4–6], p<0.001), and time to micturition by 25% (10.4 hours ± 3.3 - 10[8–12] and 6.8 hours ± 1.6 - 6[6–8], p<0.001). Two patients who received IM required a single bladder catheterization (Figure 1).

Abstract B283 Figure 1