normal platelet count (314k/ul), elevated INR (2.8), PTT (45.4), lactate (3.5mmol/L), and low fibrinogen (215mg/dL) levels. Thrombo- elastography was also normal. The surgery was postponed and a diagnosis of acute fatty liver of pregnancy (AFLP) with superimposed pre-eclampsia was confirmed by clinical, laboratory, and imaging features.

**Methods** Hematological abnormalities such as thrombocytopenia and decrease in clotting factors may develop in pre-eclamptic women. The risk of abnormal hemostasis increases with the severity of pre-eclampsia.

**Results** Platelet count is routinely used as a primary test to evaluate the coagulation status in parturients with SP 1. It has been shown that when the platelet count < 100,000/mm3, other hematologic abnormalities, such as prolonged prothrombin time (PT) and partial thromboplastin time (PTT), and reduced fibrinogen concentration, may also be presented 2. About 50% of patients with AFLP have preeclampsia, and there is some overlap with the HELLP syndrome 3.

**Conclusions** This case highlights that in parturients with SP, the platelet count should not be used as the sole mean to evaluate the coagulation status, as there are conditions such as acute fatty liver of pregnancy and viral-hepatitis that can mimic or overlap pre-eclampsia in the absence of thrombocytopenia.

**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 and 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] v.s. 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).

**Background and Aims** Mater Dei Hospital in Malta provides a 24-hour neuraxial analgesia service in its delivery suite. The Royal College of Anaesthetists (RCoA) recommends that in such set-ups, an anaesthetist should attend to labouring women within 30 minutes of request, and in exceptional cases, within one hour [1]. Other standards of care include a re-siting rate of <15% and an accidental dural puncture (ADP) rate of <1% [2]. The aim of this audit was to examine these standards in our unit.

**Methods** After ethical approval, data was collected retrospectively over four weeks from September to October 2021, looking at time of call to the anaesthetist, time of test dose administration, re-siting rates, and number of ADPs. The time interval from the call to time of test dose administration served as a surrogate to the actual waiting time. Data was inputted and analysed using MS Excel spreadsheet.

**Results** A total of 86 parturients requested epidural analgesia out of a total 345 deliveries (25%). The average time from request to administration of test dose was 34 minutes. Average maternal age was 30.5 years, 3.5% required re-siting of their epidural catheter and there were no ADPs.

**Conclusions** Using the surrogate marker, the average epidural waiting time was surmised to be within the recommended RCoA standard as were the epidural re-siting and ADP rate. This may be limited by the relatively short period of time the study was carried out over. Epidural analgesia remains the gold standard to manage labour pain and so our results are both satisfactory and encouraging.