Conclusions Our study is the first randomized double-blind trial to investigate the effects of IM on urodynamics after CS under SA. The addition of IM delayed voiding by 3 hours with no effect on urodynamics or PMRV. Future studies should investigate the risk-benefit ratio of adding IM in SA for elective CS.

Background and Aims To analyze the efficacy, patient satisfaction, and clinical side effects of the epidural analgesia protocol in laboring patients at the Costa del Sol Hospital.

Methods Observational study in 31 patients.

The medication was accorded by the current protocol:
- Initial epidural bolus with bupivacaine 0.125 - 0.25% 5 - 15 ml
- Continuous epidural infusion of bupivacaine 0.0625% 8 - 12 ml/h
- Rescue medication boluses with bupivacaine 0.125 - 0.25% 5 - 10 ml

Evaluated variables
- Need for rescue boluses
- Pain before initial bolus
- Pain after initial bolus
- Time elapsed between initial bolus and analgesic rescues
- Side effects
- Patient satisfaction

Results

- 30 minutes after the first bolus, the EVA was 0–3 in 100% of the patients.
- 54% of the patients analyzed required at least one rescue bolus due to pain during labor despite continuous epidural analgesic perfusion.
- 70% of the patients requiring a rescue bolus reported obtaining good pain control until the end of labor.
- Low rate of adverse effects.

Conclusions The current epidural analgesia protocol at the Costa del Sol Hospital with continuous epidural perfusion of bupivacaine 0.0625% seems insufficient for pain control, especially in the first 4 hours needing rescue boluses.

Given the findings, it is possible to suggest changing the protocol to other methods with better pain control that do not depend on demand rescue boluses.

Background and Aims Pseudoxanthoma elasticum (PXE) is a rare heritable disorder of connective tissue calcification that mainly affects skin, eyes and cardiovascular system. There are several disease features that may influence the anaesthetic management such as the development of arrhythmias, premature ischaemic heart disease, difficult airway management, haemorrhagic complications including the theoretical risk of epidural hematoma. Since there’s only a few cases described in the literature, we aim to report a case of neuro-axial labour analgesia in a parturient with PXE.

Methods This case reports a 39-year-old nulliparous woman with PXE diagnosed at the age of 29 with the typical skin and ophthalmological features. Cardiac evaluation ruled out any abnormalities. She had no previous history of anaesthetic procedures and she was diagnosed with gestational diabetes controlled with diet. At 38-week gestation the labour was induced due to premature rupture of membranes and an epidural catheter was inserted at L3-L4 for labour analgesia under ASA standard monitoring. After an initial bolus of 0.2% ropivacaine together with sufentanil the analgesia was maintained with 0.2% ropivacaine boluses hourly.

Results During labour she remained hemodynamically stable with a good analgesic control. Four hours later a female newborn was born via eutocic uneventful delivery. Neurological evaluation was performed in the postpartum period excluding any complications from epidural catheter placement.

Conclusions A good analgesic control is essential for preventing hemodynamic changes that might be harmful for these patients overcoming the risk of epidural hematoma. The rare cases of this disease make it essential to report the anaesthetic management especially during pregnancy.

Background and Aims Vasa previa is a rare condition where umbilical blood vessels cross the cervical os with abnormal membranous insertion into the placenta. It’s a cause of peripartum haemorrhage and the foetus can exsanguinate within minutes during membrane rupture. When diagnosed antenatal caesarean delivery is scheduled and a catastrophic foetal haemorrhage can be prevented. For non-urgent delivery, neuro-axial techniques are preferable since the second foetus in gemelar gestations is at greater risk of exposure to anaesthetic agents.

Methods This case reports a 32-year-old nulliparous woman with a twin pregnancy complicated with an ultrasound diagnosis of vasa previa at 22 weeks of gestation. She was admitted to the obstetric unit at 30 weeks for surveillance and foetal lung maturation. A caesarean delivery was scheduled at 32 weeks and foetal matching blood units were available, if required. Under ASA standards monitoring, a combined spinal-epidural technique was performed at L3-L4 with intrathecal administration of 0.5% levobupivacaine and sufentanil. Epidural morphine and 0.2% ropivacaine were administered for postoperative analgesia.

Results Both twins were born healthy with an Apgar score of 9, 9 and 10 at 1, 5 and 10 minutes respectively and were transferred to the neonate unit. The procedure occurred without any significant maternal and foetal bleeding.

Conclusions Membrane rupture in vasa previa requires an emergent caesarean with general anaesthesia due to acute foetal distress. This case highlights the huge impact of the antenatal diagnosis with consequent elective caesarean on