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. Neurologic 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.
favourable foetal outcomes allowing a safe loco-regional technique, in particular on gemelar gestations.

**B287 CAUDAL ANALGESIA AND OPIOID REQUIREMENTS IN BILATERAL SALTER OSTEOTOMIES**

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Background and Aims Bilateral Salter’s Osteotomy is surgery to re-angle the acetabulum and get the femoral heads to sit well in joint for children who presented late with dysplastic hips or failed conservative management. Caudal analgesia is the standard analgesia protocol for pain management in this category of children. In our hospital. This retrospective observational study aimed to link the dose per kilogram of 0.25% levobupivacaine in caudal analgesia for bilateral Salter osteotomies and postoperative opioid intake. This information might subsequently determine the optimal caudal analgesic dose per kilogram for this commonly conducted elective operation, reducing the risks of overdosing or underdosing. The data will help us develop the best practices for a new salter osteotomy protocol.

Methods For over a year in 2019, we looked for bilateral Salter osteotomies at our hospital (xxx, xxx) and found 118 cases (92 had caudal block). The patient’s weight, caudal analgesia dose, adjuvants, and opioid use in the first 24 hours following anaesthesia induction were evaluated.

Results The dose of levobupivacaine was 0.25% in caudal analgesia. The morphine equivalents required in the first 24 hours did not exhibit any significant link in 92 cases with a caudal block. As a result, we could not use these findings to guide recommendations for managing Salter’s osteotomy in our day case.

Conclusions In our hospital, the caudal block is the standard method of regional analgesia for osteotomies. In this trial (per Kg), we found no evidence that total perioperative morphine is related to levobupivacaine dose.