

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

B287 CAUDAL ANALGESIA AND OPIOID REQUIREMENTS IN BILATERAL SALTER OSTEOTOMIES

¹M Sharapi*, ²J Vinagre, ²C Holmes. ¹Beaumont Hospital, Dublin, Ireland; ²Temple street University Hospital, Dublin, Ireland

10.1136/rapm-2022-ESRA.361

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.

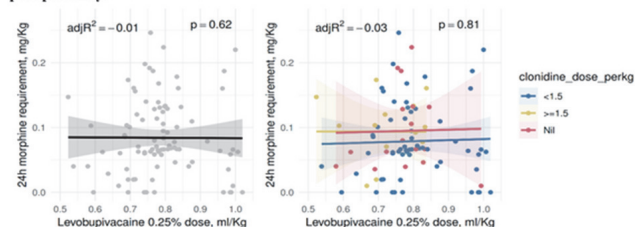
Results The dose of levobupivacaine was 0.25% in caudal analgesia. The morphine equivalents required in the first 24 hours did not exhibit any significant link in 92 cases with a caudal block. As a result, we could not use these findings to guide recommendations for managing Salter's osteotomy in our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

Abstract B287 Table 1

Table 1. Summary statistics.				
	Minimum	Maximum	Mean	Std. Deviation
Age (months)	21.00	100.00	37.41	11.23
Weight (kg)	10.20	25.90	15.28	2.71
Levobupivacaine dose (ml/kg)	0.40	1.02	0.78	0.11
Epidural clonidine (mcg)	0.00	35.00	14.88	9.40
Total morphine consumption perioperatively (mg)	0.00	4.00	1.33	1.01

Figure 1. Dose of levobupivacaine administered intra-operatively and total 24h morphine requirement postoperatively.



Abstract B287 Figure 1

B288 COMPARISON OF EDUCATION AND PRACTICE OF RESIDENTS IN THE TRIMESTER OF OBSTETRIC ANAESTHESIA IN GREECE

S Tsakiliotis, JP Kousidis*, D Bliablias, K Tsolakidou, A Katsanevaki, E Goutziomitrou. General Hospital Papageorgiou, Thessaloniki, Greece

10.1136/rapm-2022-ESRA.362

Background and Aims The General Hospital Papageorgiou contributes to the National System of Health, including duty on call, in accordance with the procedures laid down by the competent authorities. Two resident doctors (one from our Hospital and the other as a guest trainee) recorded the experience and the participation in various operations or procedures at the time of their trimester in Obstetric Anaesthesia, where it was completed in different times periods.

Methods The University Obstetric Clinic has a robust schedule of surgical procedures. So, a doctor in training can participate in four different types of activities in correlation to the four operating rooms. There is a room supporting the Unit of Medically Assisted Reproduction, an operating room for obstetric scrapings, labor rooms for normal birth and rooms for cesarean sections. All these different procedures are completed after the preoperative anaesthesiological assessment, where the information and the written approval of the patients is acquired.

Results The resident from our Hospital logged forty-eight operations or procedures while the guest recorded fifty-five respectively

	Specialized doctor from our hospital	Specialized doctor from other hospital
Type of procedure	48	55
Cesarean section	26 (16 spinal, 5 combined spinal epidural, 4 general, 1 epidural anaesthesia)	34 (16 spinal, 16 combined spinal epidural, 0 general, 2 epidural anaesthesia)
Hysteroscopy	5	7
Ovum resections	12	9
Dilation and curettage	1	0
Vaginal delivery	4 (epidural anaesthesia)	5 (epidural anaesthesia)

Abstract B288 Figure 1

Conclusions The guest resident participated in more cesarean sections than the first one, and for this reason she performed more combined spinal/epidural anaesthesia procedures. Regional anaesthesia and not general, is a favorite technique in cesarean sections. There is a much smaller rate of normal childbirths compared to cesarean sections in Greece. It is important to encourage the participation of doctors in training rigorous programs of education and to practice obstetric anaesthesia. Also, the effort in record keeping from doctors is a worthwhile practice.