Conclusions This report describes three cases of SIH with CSF leak originating from the cervical, the thoracic and the lumbar level. The EBP restored CSF volume and relieved the patients’ persistent symptoms. EBP is a well-accepted and beneficial treatment modality for SIH when conventional measures fail.

Background and Aims Guidelines about how to perform regional anaesthesia during the COVID-19 pandemic were published(1,2). It was also mentioned that if the surgery is appropriate, regional anaesthesia could be applied mainly(3). We analyzed our approach to regional anaesthesia in lower abdominal and perianal surgery before and during the pandemic.

Methods We screened patients retrospectively who had elective or emergent/urgent lower abdominal surgery (inguinal hernia repair without resection) and perianal surgery (abscess, fistula, and hemorrhoidectomy) in March-December 2020 during the pandemic and from March to December 2019 before pandemic. Demographic data, ASA class, type of surgery and anaesthesia, intraoperative complications, ICU need, ICU and hospital length of stay, and postoperative complications, especially pulmonary were recorded.

Results 225 patients operated in 2019 (pre-pandemic) and 158 patients in 2020 (pandemic) were analyzed(Table 1). Spinal anaesthesia was performed more in 2020 than 2019 (39 (17.3%) vs 74(46.8%) respectively, p<0.001). Pulmonary and any complications were observed more in the pandemic (p=0.005 and p=0.001,respectively). Patients operated in 2020 were also analyzed according to the type of anaesthesia (Table2). There was no intraoperative complication in patients had spinal anaesthesia. Any postoperative complication was seen in 16(19,0%) patients with general anaesthesia and 6 (8,1%) patients with spinal (p=0.047). Postoperative pulmonary complications were lower in patients had spinal anaesthesia than general anaesthesia, although being statistically insignificant (2(2,7%) vs 8(9,5%) respectively, p=0.105).

Background and Aims Severe aortic stenosis (AS) carries high risk of perioperative mortality. (1) However there is no universal acceptance of spinal anaesthesia in severe aortic stenosis, unilateral spinal anaesthesia (USA) may be safe alternative in these patients. (2)

Methods 93 year old female patient who admitted for emergent above knee amputation. The patient had sclerotic aortic valve with severe aortic stenosis, suffered from hypertension, DM type II, and previous cerebrovascular stroke (CVS) with residual right side weakness and dysarthria. She had pacemaker as a treatment for complete heart block. We anesthetized her using unilateral spinal anaesthesia (USA).

Results Severe AS is a known risk factor for perioperative mortality. (1) Haemodynamic goals for treating patients with AS include maintaining myocardial oxygen supply via adequate perfusion pressure and diastolic time, preservation of contractility, and maintaining sinus rhythm.(2) There are no evidence based recommendations for the preferred anesthetic regimen in patients with AS. (1) Either general or neuraxial anaesthesia may cause deleterious effects on patients’ haemodynamics so it is all about the conduct of anaesthesia rather than the specific technique. (2) In comparison to conventional spinal anaesthesia, unilateral spinal anaesthesia provides more haemodynamic stability making it a suitable choice for high risk patients. (3) Guay et al in their meta-analysis concluded that neuraxial anaesthesia may reduce the mortality for patients undergoing a surgery with an intermediate-to-high cardiac risk in comparison to general anaesthesia. (4)

Conclusions Large studies are needed to evaluate the role and limitations of central neuraxial anaesthesia in high risk patients.

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Conclusions We noticed an increase in performing regional anaesthesia after the pandemic in our institute. Although we observed more complications in the pandemic than in 2019, postoperative complications, including pulmonary were lower in patients who had regional anaesthesia.

B416 TWO-YEAR ANALYSIS OF CONTINUOUS SPINAL ANAESTHESIA: A SAFE AND "GO WITH THE FLOW" TECHNIQUE IN HIGH-RISK PATIENTS
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10.1136/rapm-2022-ESRA.492

Background and Aims There is a growing number of elderly patients with severe comorbidities requiring surgery. Continuous spinal anaesthesia (CSA) is an old technique that allows titration of local anesthetic (LA).

Methods Data from CSA in 2020–2021 was retrospectively reviewed. A total of 34 patients received CSA using a standard 18-G epidural catheter, removed at the end of surgery. Statistical analysis was performed using IBM SPSS® Statistics, 26. The study was approved by local institutional ethics committee.

Results Out of 34 patients, 53% were females. Median patient’s age was 87 ± 6. Cardiovascular disease was the most common comorbidity (Table 1). The most common procedure was orthopaedic hip surgery (Table 2). Median surgery duration was 80 ± 41 min. Total dose of LA ranged between 1,9 and 8,0 mg (5,5 ± 1,5) and intrathecal opioid was used in 62% (fentanyl 10–25 μg or sufentanil 1,5–2 μg) - Table 3.

Hypotension was the most common complication (38%). No major intraoperative complications were observed. There were no reports of postdural puncture headache, neurological deficits, or infection during hospitalization.

Conclusions CSA remains a reliable and safe anaesthetic technique, particularly in very frail patients with cardiac diseases. It allows the use of fractionated doses of LA until the desired surgical sensory blockade is achieved, minimizing the risk of severe hypotension. Additionally, with an intrathecal catheter in place, it is possible to extend the anaesthesia duration as needed. Thus, CSA still have a place in modern anaesthesia, particularly in high-risk patients proposed to long-lasting surgeries.

B417 CONTINUOUS SPINAL ANAESTHESIA USING WILEY SPINAL FOR MAJOR ABDOMINAL SURGERY – A RETROSPECTIVE STUDY BETWEEN 2017 AND 2021
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