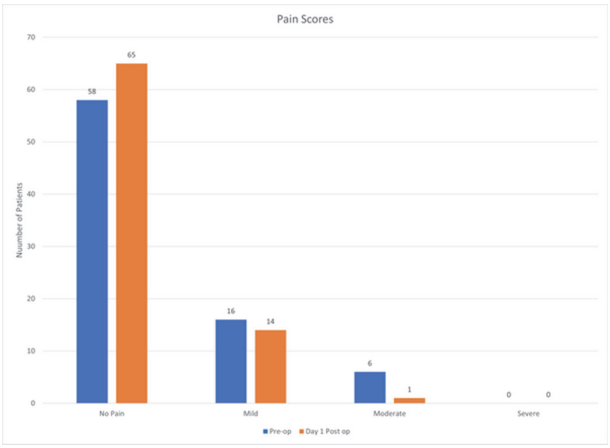

Abstract B419 Figure 2 Postoperative Pain scores

Conclusions We observed that intrathecal Prilocaine combined with nerve blocks is a reliable technique in hip fracture surgery, offers haemodynamic stability and could improve overall survival. Further study of the use of short-acting intrathecal agents is required in comparison to traditional methods.

B420 LIMB-GIRDLE MUSCULAR DYSTROPHY 2B: REGIONAL ANAESTHESIA FOR THE WIN – A CASE REPORT

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Background and Aims We aim to present our clinical experience on the anaesthetic management of a patient with Limb-girdle muscular dystrophy 2B (LGMD 2B) undergoing haemorrhoidectomy surgery. LGMD is an inherited myopathy with an overall frequency of 1 in 15,000[1] to 1 in 200,000[2]. Current reports on the anaesthetic management of these patients are scarce[3]. These patients may have an increased sensitivity to the effect of volatile anaesthetics and neuromuscular blocking agents, with an increased risk of acute rhabdomyolysis and cardiac or pulmonary complications[1].

Methods The patient was a 48-year-old man with LGMD 2B who underwent Milligan-Morgan haemorrhoidectomy. Given our concerns about cardiopulmonary complications and increased risk of acute rhabdomyolysis with general anaesthesia, we proceeded with a low spinal block, also known as saddle block, using hyperbaric bupivacaine, with a backup plan of a total intravenous anaesthesia in case of a failed block.

Results The subarachnoid blockade was sufficient to provide safe anaesthesia. Haemodynamic stability was achieved throughout the entire procedure with no need of additional interventions. The surgery was completed in 1h20m without any adverse events. The patient reported high scores of satisfaction regarding the anaesthetic choice.

Conclusions Spinal anaesthesia should be considered gold standard for haemorrhoidectomy surgery in LGMD patients. In this case, safety, simplicity, and the possibility of one day surgery, were backed by a careful preoperative evaluation and intra and postoperative monitoring.

B421 FEASIBILITY OF PRILOTEKAL FOR DAY CASE DIRECT ANTERIOR APPROACH TOTAL HIP ARTHROPLASTY (DAA THA) UNDER SPINAL ANAESTHESIA (SA)

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Background and Aims Prilotekal (hyperbaric prilocaine 2%) was licensed for spinal anaesthesia (SA) in the UK in 2010. The dose of 40–60 mg was shown to provide effective surgical SA for day case surgery up to 90 minutes.

While Direct Anterior Approach (DAA) may take longer than posterolateral approach for THA, it offers several advantages: being less invasive without detachment of muscles or tendons, less immediate postoperative pain, faster recovery, early mobilization without the need for hip precautions, and lower dislocation rate. All this makes DAA ideal for day case THA.

We present a series of the first three consecutive cases performed in our orthopaedic centre under SA with Prilotekal, in accordance with the established pathway for day case THA.

Methods In August-October 2021, three ASA 1–2 patients with advanced osteoarthritis were consented for DAA THA under SA with Prilotekal.

They underwent uneventful surgery on DAA traction table under SA and sedation with propofol TCI. Other analgesia modalities were used as per our established THA protocol.

Results 2/3 patients were discharged home on the same day, one – the next day. All patients made satisfactory recovery.

Hospital stay was shorter than our median hospital stay for primary THA (2.7 days) and national data (3.3–4.5 days) in 2016–2021.

Abstract B421 Table 1

Case	Background	Dose of Prilotekal (2%)	Spinal to End of Surgery Time	Spinal to Recovery of Motor Block Time	End of Surgery to Full Weight Mobilization Time	Discharge Home
1	64yo, female, 66kg, 158cm Essential hypertension & osteoarthritis	3.5ml (70mg)	2h53m	3h8m	< 5h	Day 0
2	58yo, male, 72kg, 172cm Osteoarthritis	4ml (80mg)	2h56m	3h14m	<5h	Day 1 c/o: Hypotension (SBP 91mmHg) & dizziness during physiotherapy, warranting overnight stay
3	70yo, female, 60kg, 155cm Osteoarthritis	3.7ml (74mg)	3h10m	3h20m	<5h	Day 0

Conclusions In selected patients, spinal anaesthesia with adjusted dose of Prilotekal to match a longer procedure, combined with sedation, is a suitable technique to provide anaesthesia for day case DAA THA. Good team work between surgical and anaesthetic teams is paramount to success.

B422 A COMPARISON OF SPINAL ANESTHESIA CHARACTERISTICS BETWEEN HYPERBARIC ROPIVACAINE AND HYPERBARIC BUPIVACAINE IN SUBARACHNOID BLOCK FOR LOWER SEGMENT CAESAREAN SECTION: A PROSPECTIVE RANDOMISED STUDY

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Background and Aims Ropivacaine is suggested to have an improved safety profile over bupivacaine in terms of cardiotoxity and CNS toxicity.

We aimed to study the spinal block characteristics and hemodynamics between commercially available preparation of 0.75% hyperbaric ropivacaine and 0.5% hyperbaric bupivacaine in caesarean section.

Methods This prospective, randomized, double-blinded study was approved by the Institute ethics committee. Following exclusion, 64 term parturients were randomised to receive 0.75% hyperbaric ropivacaine 2 ml (15mg) (commercially available Ropin Heavy, Neon) or 0.5% hyperbaric bupivacaine 2 ml (10mg) (commercially available Anawin Heavy, Neon), with additive fentanyl 10 micrograms in both groups.Our primary objective was to evaluate duration of sensory blockade. Secondary objectives were to compare the hemodynamics and vasopressor usage, onset of sensory and motor blockade, duration of motor blockade, quality of anesthesia, complications and APGAR score.

Abstract B422 Table 1

Table 1. Outcome variables according to groups

	Ropivacaine (n=32)	Bupivacaine (n=32)	P value
Time taken to achieve T6 level (mins)	1.8±0.8	1.2 ±0.5	**0.002**
Time taken to achieve T4 level (mins)	2.6±1.3	1.8±0.8	**0.007**
Time taken for onset of complete motor paralysis - Modified Bromage 3 (mins)	3.8±1.0	1.3±0.8	**0.005**
Time for sensory blockade to regress two segments (mins)	84±24	108±12	**0.005**
Time for return of motor block -Modified Bromage 0 (mins)	126±36	222±30	**0.005**
Total vasopressor (Ephedrine) given (mg)	5.8±2.6	7.8±4.6	0.076

Data are mean± SD. Statistically significant changes are shown in bold. P<0.05 is considered significant.

Results Two segment sensory regression and motor blockade regression was faster in ropivacaine than bupivacaine (p=0.0005, 0.0005). The onset of sensory block to T6 and T4 and complete motor block was slower in ropivacaine (p= 0.02, 0.07, 0.0005 respectively). The mean arterial pressure was significantly higher throughout all time intervals in ropivacaine than bupivacaine and vasopressor usage was lesser in Ropivacaine. The intraoperative quality of anesthesia was adequate in both groups. The APGAR scores remained high and side effects did not differ between groups.

Conclusions 0.75% Ropivacaine can be a suitable alternative to 0.5% Bupivacaine in patients undergoing caesarean section under spinal anaesthesia with a benefit of early sensory and motor recovery, and better intraoperative hemodynamic profile without significant adverse effects.

B423 CIRCADIAN EFFECT ON SPINAL ANAESTHESIA FOR CAESARIAN SECTION

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Background and Aims The circadian rhythm plays a significant role in affecting the pharmacological properties of many anesthetic agents. The aim of this study was to investigate the effect the circadian rhythm may have on the duration of spinal anesthesia for parturient patients undergoing fetal delivery by caesarian section.

Methods In the present study, which was approved by our hospital scientific/ethics committee, ref. number: 35/4th/7298/18–5-2017, ninety parturient patients, ASA I-II, presented for caesarean section, urgent and/or elective, under spinal anaesthesia, were assigned to three equal groups, A (morning/afternoon group), B (evening group), C (night group), which were monitored for 8 hours, according to the time-point of the intrathecal drug administration. The same levobupivacaine and fentanyl dose was given to all patients. Pinprick or cold test, the four-point modified Bromage scale (0–3), and the numerical scale (NRS 0–10) were used respectively for the assessment of sensory and motor blockade, and post-anesthetic pain. The duration of sensory and motor blockade, the time of study drug administration to first postoperative analgesic request and pain score at first analgesic request were recorded.

Results We observed prolonged duration of motor blockade, sensory blockade and time of study drug administration to first postoperative analgesic request in group A compared to groups B($p<0.001$) and C($p<0.001$).Higher pain scores at first postoperative analgesic request were observed in group C compared to groups A($p<0.001$) and B($p<0.001$).

Conclusions We assume that time-point of intrathecal drug administration contributes to anaesthesia's duration and that the intensity of postoperative pain at first analgesic request is partially related to circadian conditions.

B424 LOW DOSE PETHIDINE VS ROPIVACAINE AND FENTANYL FOR SUBARACHNOID ANAESTHESIA IN UROLOGICAL OPERATIONS

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Background and Aims The ideal agent for subarachnoid anaesthesia is still a matter of research. Subarachnoid administration of pethidine hydrochloride has been successfully administered (dose of $1mg/kg^{-1}$).This study aims to assess the efficacy of low dose of pethidine hydrochloride ($0.4mgkg^{-1}$) compared to administration of ropivacaineand fentanyl which is nowadays the common practice.

Ethical approval has been granted by the ethics committee.

Methods Patients undergoing transurethral resection of bladder tumor were blindly randomly allocated into 2 groups. Group I patients received low dose of pethidine hydrochloride ($0,4mgkg^{-1}$) and Group II patients received 15mg ofropivacainewith 15 mcg of fentanyl.Catheter-related bladder discomfort (CRBD) was evaluated.

Results 101 patients were enrolled in the study. There was no difference between the demographic profile and duration of operation between the groups($p>0.05$).There was a difference regarding the motor block which was present only in 10,2%