of Group I patients and in all of Group II patients (p<0,01). Length of stay in postanaesthesia care unit was significantly higher in Group II patients (p<0,01) with no difference in adverse events. No difference in analgesic requirements was observed for postoperative pain management in either group yet there was a significant difference in time to postoperative analgesic administration(p<0,01) in favor of Group I patients. The incidence of CRBD was 36,7% in Group I and 78,8% in Group II.

Conclusions Subarachnoid anaesthesia with low dose pethidine administration presents as a suitable alternative to current practice.

B425 CONTRAST CT-GUIDED LUMBAR PUNCTURE FOR INTRATHECAL ACCESS IN PATIENTS WITH SPINAL MUSCULAR ATROPHY

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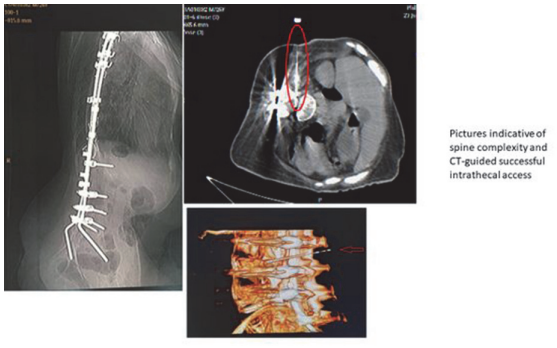
Background and Aims Life expectancy for adults with spinal muscular atrophy (SMA) has increased significantly and central neuraxial anesthesia remains one of the safest options for this specific category of patients. Patients with SMA have usually been subjected to spine fusion surgeries and suffer from joint contractures and scoliosis. Successful intrathecal access using a traditional posterior approach is often precluded due to spinal deformity. The aim of this case-study is to evaluate the feasibility and safety of the contrast CT-guided transforaminal/interlaminal intrathecal access in patients with spinal muscular atrophy type 2 and 3

Methods 10 adult, non-ambulatory patients with SMA type 2 and 3 were referred for intrathecal administration of Nusinersen. They had undergone extensive thoracolumbar posterior spinal fusion which rendered them without access for a posterior approach. An experienced Anesthesiologist and an Interventional Radiologist identified the shortest needle path from the skin to the neural foramen on imaging. Patients were placed in either the left or right lateral decubitus position with the apex of the scoliotic curvature oriented upwards.



Abstract B425 Figure 1

Results 7 patients underwent interlaminal contrast CT-guided intrathecal injections with cutting pencil point needles 20G, without introducer. In 3 patients, the transforaminal approach was used; among them, 1 received the drug through a Tuohy 18G epidural needle.Transient lumbar pain occurred in 2 patients while 1 developed short-term headache.No other complications were noted.

Conclusions Contrast CT-guided intrathecal access is achievable in SMA 2 and 3 patients with challenging spine.The procedure can be easily learned and performed with a high rate of success and low rate of complications.

B426 REAUDIT SPINAL SONOGRAPHY & APPLICATIONS OF ULTRASOUND FOR CENTRAL NEURAXIAL BLOCKS: SURVEY OF PRACTICE BEFORE AND AFTER TRAINING IN OUR HOSPITAL

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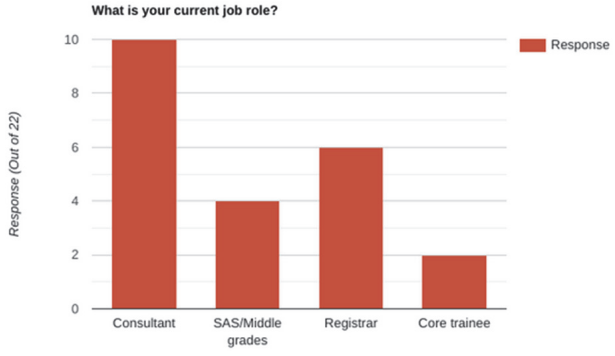
Background and Aims The current evidence supports the use of neuraxial ultrasound as a useful adjunct to conventional CNB (Central Neuraxial Block) techniques: It can be used to accurately identify lumbar intervertebral levels[1]. It Allows precise measurement of depth to the epidural space. Neuraxial ultrasound may facilitate more accurate needle placement and decrease the number of needle redirections and skin punctures[2]. Ultrasound-assisted CNB is not designed to replace the conventional surface landmark-guided technique, which is simple and effective in the majority of patients.

Methods Pre training survey and post training survey was conducted at Wexham Park Hospital. Participants were chosen through a pre-training survey. They included consultants, middle grades, registrars and core trainees. A total of 22 people replied to the survey and were happy to particip[ate. Survey was disseminated through trust email and findings were shared with the hospital at Educational half days. On the day of training, 22 participants had the opportunity to perform and gain confidence on the mannequin. A didactic lecture was delivered followed by a training session. A post training survey was sent back to all the participants.

Results



Abstract B426 Figure 1