

of Group I patients and in all of Group II patients ($p < 0,01$). Length of stay in postanesthesia 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.

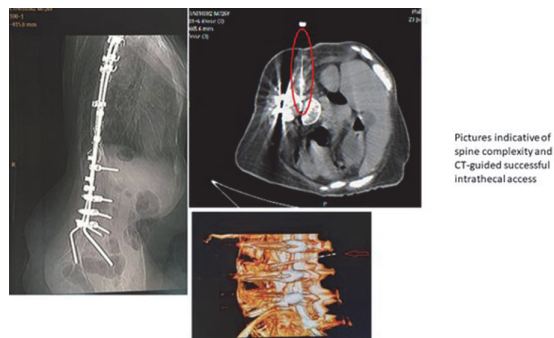
B425 CONTRAST CT-GUIDED LUMBAR PUNCTURE FOR INTRATHECAL ACCESS IN PATIENTS WITH SPINAL MUSCULAR ATROPHY

¹A Tympa Grigoriadou*, ¹A Tsaroucha, ²GK Papadimas, ²S Xirou, ³M Krokidis, ¹A Melemini. ¹National and Kapodistrian University of Athens, Aretaieion University Hospital, 1st Department of Anesthesiology, Athens, Greece; ²National and Kapodistrian University of Athens, Eginition University Hospital, Department of Neurology, Athens, Greece; ³National and Kapodistrian University of Athens, Aretaieion University Hospital, 1st Department of Radiology, Athens, Greece

10.1136/rapm-2022-ESRA.501

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/interlaminar 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 interlaminar 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

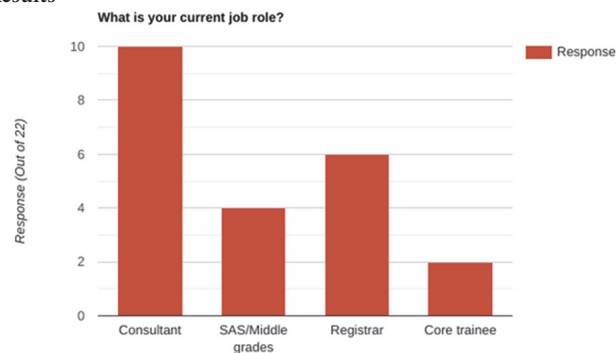
¹R Singh*, ²M Bhardwaj. ¹Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK; ²Wexham Park Hospital, Frimley Health NHS Foundation Trust, Slough, UK

10.1136/rapm-2022-ESRA.502

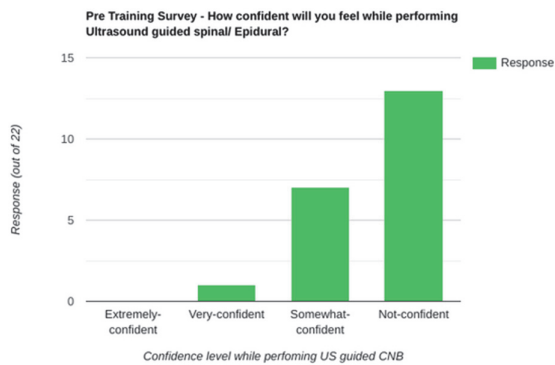
Background and Aims The current evidence supports the use of neuraxial ultrasound as a useful adjunct to conventional CNB (Central Neuraxial Block) techniques: It can be used to accurately identify lumbar intervertebral levels¹. It Allows precise measurement of depth to the epidural space. Neuraxial ultrasound may facilitate more accurate needle placement and decrease the number of needle redirections and skin punctures². 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 participate. 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



Abstract B426 Figure 2



Abstract B426 Figure 3

Conclusions Ultrasound guided CNB is an advanced tool to be used when technical difficulty is anticipated or when increased precision is desired. Having said that, the acquisition and maintenance of competency in neuraxial ultrasound requires practice. We therefore recommend that anaesthetists should incorporate neuraxial ultrasound into their clinical practice whenever possible until they attain the desired level of comfort with the ultrasound-assisted approach to CNB.

B427 DIURNAL VARIATIONS OF CRP LEVELS AFTER CAESARIAN SECTION, ACCORDING TO TIME POINT OF ANAESTHESIA INDUCTION

¹E Nikouli, ²P Chloropoulou, ¹M Spyrou*, ³C Tsigalou, ²T Vogiatzaki. ¹Anaesthesiology Department, General Hospital Xanthi, Xanthi, Greece; ²Anaesthesiology Department, University General Hospital Alexandroupoli, Alexandroupoli, Greece; ³Biomolecular Department, University General Hospital Alexandroupoli, Alexandroupoli, Greece

10.1136/rapm-2022-ESRA.503

Background and Aims Prior studies evaluating C-reactive protein (CRP) concentrations after major abdominal surgery suggested surgical trauma as major determinant of postoperative CRP levels, positively associated with higher pain scores, not considering time-of-day effects. Limited, controversial data exist regarding diurnal and seasonal pattern in serum hs-CRP, with higher levels in the morning and in the winter months in healthy subjects. No data exist regarding circadian effect on postoperative CRP values. In the present study which was approved by our hospital scientific/ethics committee,(ref.

number: 35/6th/24-5-2017), we asked whether if any substantial diurnal variation of CRP levels occurs after caesarian section, according to time point of anaesthesia's induction.

Methods A total of 90 parturient patients, ASA I-II, presented for urgent and/or elective caesarean section under spinal anaesthesia were assigned in three equal groups of 8 hours duration, A (morning/afternoon group), B (evening group) and C (night group), according to anaesthesia start time. Venous blood samples were collected on admission to the obstetric clinic, prior to spinal anaesthesia, at 2h, 4h,24h and 48h after surgery.

Results The mean CRP concentrations increased in all groups at 24 and 48h after surgery.Post-hoc analysis revealed significant differences in CRP levels in group B compared to group A at 24h ($p<0,05$) and 48h ($p<0,05$) and in group B compared to group C at 48h ($p<0,05$).

Conclusions Our finding of higher postoperative CRP levels at 24 and 48h in patients undergoing caesarian delivery in the evening, might be helpful to predict the possibility of severe pain and performe a more carefull pain control regimen.

B428 CAUDAL ANAESTHESIA CAN BE A GOOD ALTERNATIVE IN ADULT PATIENTS WITH SEVERE VERTEBRAL COLUMN ANOMALIES

S Peddi*, SP Aarumulla. Narayana Medical College and Hospital, Nellore, India

10.1136/rapm-2022-ESRA.504

Background and Aims We report a challenging case of 40 yr old short stature(133cm), malnourished (32kgs) patient who had postpoliomyelitis complications with lower limb contractures and severe kyphoscoliosis and difficult airway presented with abnormal uterine bleeding posted for transabdominal hysterectomy.

Methods We attempted dural puncture at 3 different levels for multiple times under ultrasound guidance but was not successful.So as a plan B, we identified caudal epidural space under ultrasound guidance and catheter threaded and fixed for continuous caudal anaesthesia. After giving 12 ml of 0.25% of bupivacaine in incremental doses over 15 mins,achieved T6 sensory block. Surgery completed in 1 hr. Intraoperative period was uneventfull.

Results T6 sensory level block achieved with 12 ml of 0.25% bupivacaine given through caudal epidural catheter,which lasted for 120 mins.

Conclusions Caudal epidural anaesthesia can bea good choice in patients with severe vertebral column anamolies where we could not achieve central neuraxial block at lumbar levels.

Pediatric

B429 AN AUDIT OF SINGLE SHOT REGIONAL TECHNIQUES IN PAEDIATRIC PATIENTS AT A TERTIARY ORTHOPAEDIC HOSPITAL

SL Dsouza*, M Cooper. The Royal National Orthopaedic Hospital, Stanmore, London, UK

10.1136/rapm-2022-ESRA.505

Background and Aims Regional anaesthesia (RA) with a GA in paediatrics results in superior analgesia, reduced opioid usage