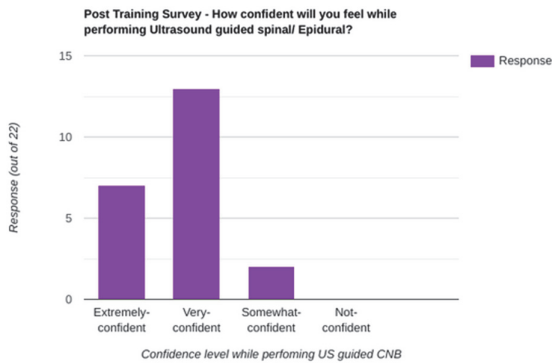




Abstract B426 Figure 2



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

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