

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

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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

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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

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

and earlier discharge.^{1,2} At our hospital, we have a sizeable paediatric surgical population and RA is frequently used. This audit was triggered by 2 complaints about transitional analgesia following RA on the paediatric ward.

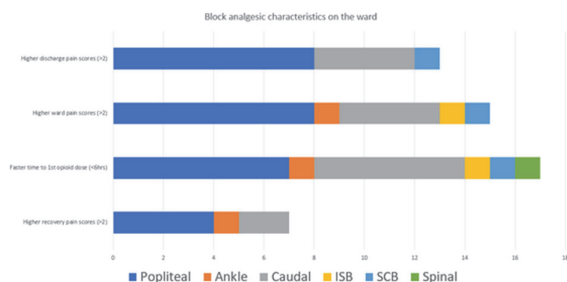
Aims

- Define patient cohort and assess efficacy of analgesic techniques.
- Assess if there is a hidden problem of inadequate transitional analgesia following RA
- Suggest an approach for managing transitional analgesia

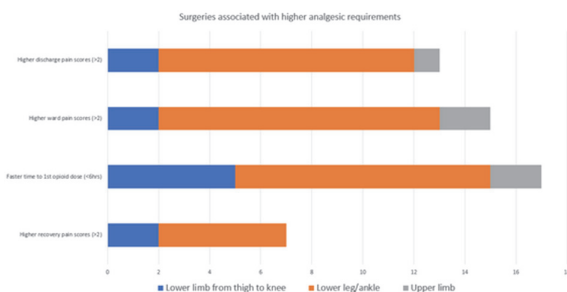
Methods After ethics committee approval, a retrospective audit was done to assess the analgesic requirements after RA co-anaesthesia techniques in paediatric patients. Type of surgery/RA, intraoperative and postoperative analgesic requirements, recovery pain scores, time to 1st opioid and 24 hour opioid requirements, highest pain score on the ward and pain score on discharge were recorded. Patients sent to PACU or needing a PCA were excluded.

Results 31 female and 29 male children varying from 6 months -17 years operated from Jan to June 2020 were included.

Recovery, ward and discharge pain scores were higher and time to first rescue opioid was shorter in popliteal and caudal blocks and surgeries on lower leg and ankle.

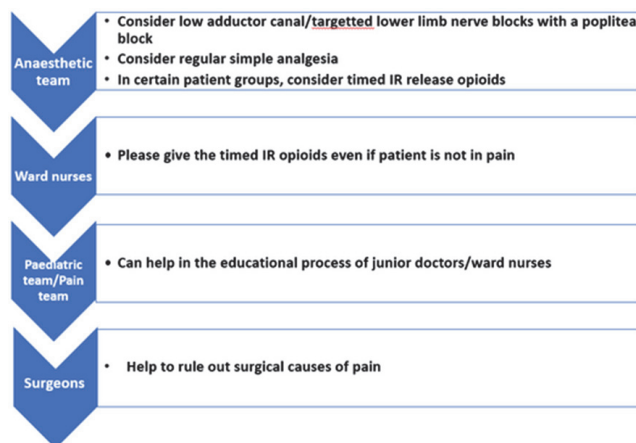


Abstract B429 Figure 1



Abstract B429 Figure 2

Conclusions Children undergoing lower leg/ankle surgeries with popliteal/caudal blocks could benefit from targeted postoperative analgesia. This group can be the one to trial timed immediate release (IR) opioid doses (6 hours postop) and education to ward staff to ensure that they receive it. A high quality low risk team based plan is suggested as below.



Abstract B429 Figure 3

B430 DISPARITIES IN PAEDIATRIC FRACTURE TREATMENT IN THE UNITED STATES

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Background and Aims Fractures are one of the most common causes of emergency department visits in pediatric patients in the United States.¹ Timely treatment of these injuries is essential as a delay in management can lead to long term functional impairment, and additional operative procedures.² We sought to examine trends and identify factors that may be associated with operative management by utilizing a large national database.

Methods This study was approved by the institutional review board of the Hospital for Special surgery (IRB#2017-0169). Using Truven Health Marketscan 2015-2019, we identified patients under 21 years who were diagnosed with fracture at hand/wrist, foot/ankle, forearm, or lower leg level. The outcome was if patients received surgical treatments within 3 months of a fracture. A multivariable logistic regression model was created to identify risk factors for surgical treatment after fracture.

Results Among the 325,853 pediatric fracture cases we identified, 4.4% cases received surgical treatment within 3 months after first fracture diagnosis. Multivariate logistic regression showed that independent risk factors for surgical treatment after fracture diagnosis included older age, male gender, having 1 or more comorbidities, obesity, lower leg fracture, residence in North Central and South compared with Northeast, and lower household income. (Table 1)