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.

Abstract B426

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

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Abstract B427

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 perform a more careful pain control regimen.

Abstract B428

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

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B428

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 unsuccessful. 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 uneventful.

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 be a good choice in patients with severe vertebral column anomalies where we could not achieve central neuraxial block at lumbar levels.

Abstract B429

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

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B429

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

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.