Background and Aims Anesthesiologists now a days are facing a burden of anesthetising post-Covid patients with lung fibrosis, atelectasis and other respiratory complications. Regional anesthesia can be offered to such patients in the form of continuous fractional spinal anesthesia. We present our experience of managing a patient with post COVID lung post for hepaticojejunostomy.

Methods 43 years male patient with post COVID Lung and reduced ejection fraction was posted for elective hepaticojejunostomy .He had post Covid lung fibrosis and spo2 of 94%, Functional capacity <4 ,sabrasez breath holding test <15 ,2D echo findings : Global hypokinesia of left ventricle with ejection fraction of 30%Chest X-ray findings: multiple small consolidatory radiodense lesions noted in bilateral lung fields .In view of his compromised cardiopulmonary reserve we chose continuous fractional spinal Anesthesia over general Anesthesia .Patient was preloaded with 200ml RL over 15min and Graded continuous fractional spinal anesthesia was performed with 18G Tuohy needle and intentional dural puncture was done at the level of L1-L2 and 20G catheter was introduced and 2cm catheter placed in subarachnoid space.0.5% Hyperbaric bupivacaine was given in graded manner through the catheter(0.6+0.6+0.6+0.6+0.6+0.6+0.6+0.6+1.0+0.6+0.6+0.5).T4 level of sensory blockade was achieved and intraoperative haemodynamics were stable.

Results Continuous fractional spinal anesthesia offers the advantage of fractionating the doses of local anesthetic in the subarachnoid space and has lesser effect on respiratory and cardiac physiology

Conclusions Continuous spinal anesthesia (CSA) is a safer alternative technique to general anesthesia in patients with severe cardio - respiratory disease in whom general anesthesia could result in prolonged ICU stay.

**Abstract LB17 Figure 1**

**Abstracts**

**Results** GROUP Q had similar VAS scores compared to GROUP I at 12 hrs. DYNAMIC VAS scores are less in GROUP Q. GROUP I received rescue analgesic after 16 hrs GROUP Q received rescue analgesic after 18hrs.Time taken to perform block was much lower in GROUP I compared to GROUP Q

**Conclusions** We conclude that US guided TRANS MUSCULAR QL block provide superior analgesia compared to IL-IH TAP PLANE block. But time taken to perform block is more and there is difficulty in identifying sono anatomy compared to IL-IH TAP PLANE.