minutes after she gave birth. 1 hour later, symptoms were completely resolved. She remained hemodynamically stable and had no motor block the whole time.

Conclusions As Horner syndrome is indicative of a high neuraxial block, anesthesiologists need to act with caution as a total spinal anesthesia may develop.

**Abstract EP172 Figure 1**  Left ptosis, miosis and conjunctival hyperemia

**Conclusions** As Horner syndrome is indicative of a high neuraxial block, anesthesiologists need to act with caution as a total spinal anesthesia may develop.

**Abstract EP172 Figure 1**  Fixation methods

**Background and Aims** Epidural catheter movement and fallouts causes inadequate analgesia so different fixation methods have been devised to prevent it. We compared five different fixation methods and their effects on catheter complications such as catheter migration, falling off of dressing, pericatheter collection of blood and fluid and local inflammation.

**Methods** Five groups consisted of 20 patients each and the method of catheter fixation was randomly allocated. Groups consisted of Plain Tegaderm dressing as control group, Lockit epidural clamp, Suturing of the catheter to the skin, fixation with Nectacryl (Skin adhesive glue) and subcutaneous tunneling. All the patients were followed up 12 hrly upto 4 days and scores were noted. Discomfort scores were also noted at the time of insertion. Statistical analysis was done using appropriate tests.

**Results** Sex distribution and mean age was found to be comparable in all the groups. Catheter migration and falling off of dressing was found to be maximum in plain Tegaderm group and least in Nectacryl group. Pericatheter collection of blood was found to be maximum in plain tegaderm group and least with Nectacryl group. Discomfort score and local inflammation was found to be maximum in subcutaneous tunnelling group. Pain scores were comparable in all the groups.

**Conclusions** Additional fixation of catheter along with plain tegaderm dressing decreases migration. Migration was minimum with nectacryl, tunnelling and Lockit group and tegaderm dressing remained intact in Nectacryl group due to sealing of the entry point and preventing any oozing and collection. Additional fixation improves epidural analgesia and recovery of the patient.