babies. The patients are then transferred to the intensive care unit(ICU) in a stable condition without vasopressor drugs. We used epidural analgesia for post-operative pain management. They were moved to a regular ward after 24 hours of monitoring with uneventful adverse effects.

Conclusions CSE anesthesia with hypervolemic hemodilution technique showed good fetomaternal outcomes with uneventful adverse effects, acceptable post- operative hematocrit level and excellent post-operative pain management in our patients.

EP179 MODIFICATION OF SPHENOPALATINE GANGLION BLOCK FOR TREATMENT OF POSTURAL PUNCTURE HEADACHE: A CASE SERIES

Rastogi Amit*. *Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India*

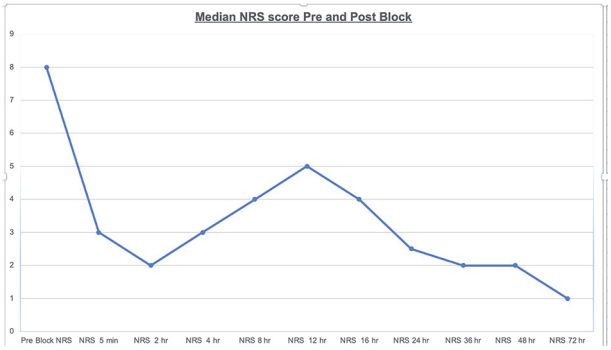
10.1136/rapm-2023-ESRA.240

Background and Aims The search for more straightforward to treat PDPH has led to regional blocks like sphenopalatine ganglion block (SPGB) and greater occipital. nerve block and trigger point infiltration. We have evaluated the efficacy of MSGB in treating PDPH. This is an ongoing study, and we are presenting preliminary data of our study in 13 patients as case series.

Methods Patients with typical symptoms of PDPH are recruited in this study. Pain score was assessed before the procedure using NRS (0 – no pain to 10 – worst pain imaginable) in the static and dynamic state. 2 ml of solution (1ml of 2% lignocaine + 1ml of 0.5% ropivacaine or normal saline) was slowly instilled along the superior edge of the middle concha to the posterior wall of the nasopharynx with the help of a dropper in each nostril alternatively as modified spheno palatine ganglion block (MSPGB). After 5 min, the patients were asked to lift their head gradually and be asked to report their pain as per NRS. Subsequently, NRS will be assessed at 2, 4, 8, 12, 16, 24-, 36-, 48- and 72 hours post block. The MSGB was repeated if the patient reported NRS > 4.

Results 13 patients have been given MSPGB, and the median NRS score Pre MSPGB block was 8 but post-MSPGB, median score was reduced to 3,2,3,4,5,4,2.5,2,2 and 1 at 2,4,8,12,16,24,36, 48 and 72 hours respectively.

Conclusions MSGB is a simple & noninvasive method of treating PDPH along with minimal side effects in postoperative care settings.



Abstract EP179 Figure 1 Median NRS scores against various time interval after administration of MSPGB

EP180 CONTINUOUS DEEP SERRATUS ANTERIOR PLANE BLOCK FOR STERNOTOMY ANALGESIA FOLLOWING CARDIAC SURGERY: A RANDOMIZED, PLACEBO-CONTROLLED, DOUBLE-BLINDED FEASIBILITY STUDY

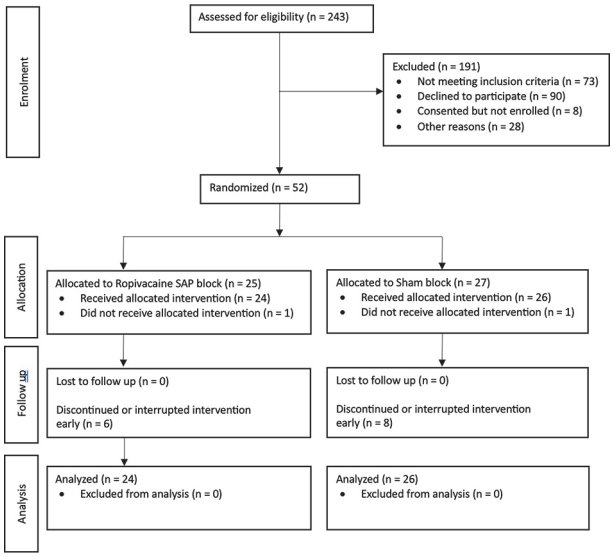
[1]Jon Bailey*, [1]Ayman Hendy, [1]Victor Neira, [2]Edgar Chedrawy, [1]Victor Uppal. *[1]Anesthesiology, Dalhousie University, Halifax, Canada; [2]Cardiac Surgery, Dalhousie University, Halifax, Canada*

10.1136/rapm-2023-ESRA.241

Background and Aims Moderate to severe pain is common after cardiac surgery, peaking during the first and second post-operative day. Several nerve blocks for sternotomy have been described, however the optimal location for continuous catheters has not been established. This study sought to assess the feasibility of a larger trial assessing the efficacy of serratus anterior plane (SAP) catheters for sternotomy pain.

Methods This was a double-blinded trial including patients undergoing cardiac surgery via sternotomy. Bilateral SAP catheters were placed in all patients, randomized to Ropivacaine or placebo. Feasibility was assessed based on pre-determined endpoints: 1. Average recruitment rate >4 per month; 2. Protocol adherence rate >90%; 3. Primary outcome measurement rate >90%; 4. Major catheter-related adverse event rate >2%. Quality of recovery index (QoL-15) was compared using an independent t-test.

Results Fifty-two patients were randomized with feasibility data for 50 (2 were withdrawn). There was a poor recruitment rate (2.4 patients per month). There were no major protocol deviations but there were minor deviations in 12% of patients. The primary outcome (QoL-15) was measured in 96% cases. QoL-15 at 72 hours was not different between groups (Ropivacaine 100 +/- 22 vs Placebo 97 +/- 18, p=0.63). The overall incidence of pneumothorax was found to be 12%.



Abstract EP180 Figure 1 Consolidated standard of reporting trial (CONSORT) flow diagram for Cardiac-SAP trial

Conclusions A single-center RCT was deemed to be not feasible due to low recruitment rate. It was unclear if the