

EP216 EPIDURAL LABOUR ANALGESIA IS NOT ALWAYS CONTRAINDICATED IN PATIENTS WITH SPINAL DYSRAPHISM: A TETHERED CORD SYNDROME CASE REPORT

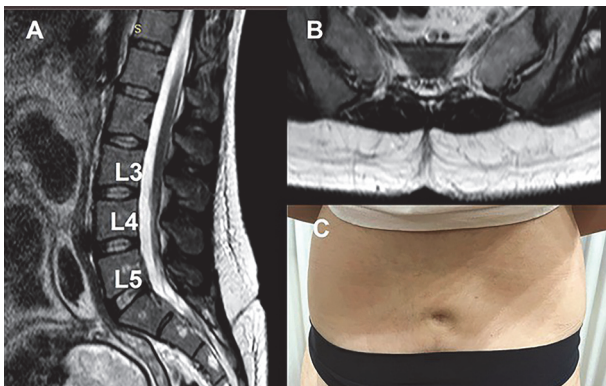
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Background and Aims Spinal dysraphism is a heterogeneous group of vertebral arches disorders with direct implications for the peripartum anaesthetic care. In fact, even if labour analgesia is a common regional anaesthetic technique to provide pain relief during labour, the presence of spinal dysraphism generally contraindicates the use of neuraxial approaches.

Methods We present the case of a 30-year-old female, ASA 2, who presented to our department at 38 weeks of gestation for pre-operative evaluation. During the clinical evaluation, a skin dimple was noted in the sacral area and no visible scoliosis was identified. An accurate neurological examination was completely negative without any related symptoms. A lumbar magnetic resonance imaging (MRI) revealed a tethered cord syndrome with an interrupted sacral posterior neural arch located at S2 and associated with an abnormally low positioned conus medullaris (figure 1).

Results Epidural analgesia was selected to avoid a possible spinal cord injury using combined spinal-epidural technique. Consequently, an epidural catheter was inserted at L2-L3 level and 10mcg epidural sufentanyl bolus followed by intermittent top-up 15-20ml ropivacaine 0.1-0.2% injections allowed an optimal pain management during the labour. No complications and adverse effects occurred in the postpartum period.



Abstract EP216 Figure 1 Sagittal (A) and axial (B) T2 weighted MRI of the lumbar spine showing an abnormally low positioned conus medullaris (L4-L5) associated with interrupted sacral posterior S2 neural arch corresponding to a skin dimple (C)

Conclusions This case suggests that a proper evaluation of spinal dysraphism is a key element to improve the labour's anaesthetic management and for determining the feasibility of neuraxial analgesia. In fact, labour analgesia can be safely performed in well selected patients with tethered cord syndrome.

ePoster session 7 – Station 1

EP217 PATIENT PERSPECTIVES OF INFORMED CONSENT FOR REGIONAL ANESTHESIA FOR AMBULATORY SURGERY

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Background and Aims Risks and benefits associated with peripheral nerve blockade (PNB) are often discussed between anesthesiologists and patients before surgery. The aim of the study is to determine how patients who had the option of having a PNB for surgical anesthesia felt about the informed consent discussions they had with their anesthesiologist and which parts of these discussions were most beneficial.

Methods Patients who underwent ambulatory upper extremity surgery amenable to brachial plexus block (BPB) for surgical anesthesia were identified through the block room records. Patients were contacted by phone after discharge. If agreeable, a qualitative, semi-structured one-on-one interview was completed 1-4 weeks following surgery. Audio of the interviews were recorded and transcribed into de-identified versions for analysis. A team-based approach was used to analyze the transcripts using thematic analysis.

Results Thematic saturation was reached at 15 patients. All 15 patients had undergone a BPB for surgical anesthesia. No patients who declined a BPB agreed to participate. The results showed there was overall satisfaction with the consent for a PNB. Interviewees thought that good consent should include a detailed description of the patients' experience, a relaxed and reassuring bedside manner, a discussion of specific risks, description of the benefits, personalized advice based on prior experience, and the use of supplemental visual materials. Participants described reassurance or potential to be reassured if they were informed about the block process.

Conclusions Patients emphasized that strong consent procedures include many other aspects outside of a description of risks.

EP218 CAUDAL EPIDURAL BLOCK VERSUS ANTERIOR QUADRATUS LUMBORUM BLOCK FOR PEDIATRIC HIP SURGERY

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Background and Aims In hip dislocation surgery, adequate analgesia is crucial for early rehabilitation. Anterior quadratus lumborum block (AQLB) may be superior to caudal epidural block (CB) for analgesia in hip surgery with fewer complications. In this study, we aimed to confirm superiority of AQLB compared to CB in children for analgesia in open hip surgery.

Methods We conducted a double-blind study with 40 patients aged 2-7 years, undergoing unilateral open hip surgery and randomized into two groups. Ultrasound blocks were performed using 1 ml/kg Ropivacaine 0.2%. All patients had Paracetamol every six hours. Tramadol was planned as rescue analgesia when CHEOPS score was >6(2mg/kg). The primary outcome was the total consumption of analgesics in the first

24 postoperative hours. Secondary outcomes included time to realize block, intraoperative fentanyl consumption, occurrence of intraoperative tachycardia or hypertension, postoperative pain scores, time to first analgesic rescue and total dose of postoperative analgesic consumption.

Results

The two groups were comparable No difference was noted in the time to perform the block ($p=0.17$). The consumption of intraoperative fentanyl was similar between the groups ($p=0.36$) with no difference in intraoperative hemodynamic parameters. We noted no differences in pain scores. The time to first analgesic rescue was similar ($p=0.40$). The postoperative total tramadol consumption in the CB group was 40 ± 33 mg and 35 ± 27 mg in the AQLB group ($p=0.21$).

Conclusions Our study showed that the AQLB and the CA were comparable regarding intra- and postoperative analgesic demand.

EP219 CRYOANALGESIA IS AN ESSENTIAL PART OF MULTIMODAL ANALGESIA IN THE SURGICAL TREATMENT OF FUNNEL CHEST DEFORMATION

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Background and Aims The management of acute pain during surgical correction of the funnel chest is an interdisciplinary challenge. For the first time in Poland (in May 2022) intraoperative cryolesia was performed using Cryo-S Painless Metrum Cryoflex device during minimally invasive modified Nuss surgery in the Department of Pediatric Orthopedics and Oncology of Musculoskeletal System of Pomeranian Medical University in Szczecin, Poland. The aim of the study was to compare the short and long-term effectiveness of intercostal cryoanalgesia in terms of pain relief, risk of sensory disturbances and patient comfort.

Methods A total of 100 patients who were operated on with the Nuss method were enrolled. The control group of 52 patients (15 years \pm 2, 4 girls) had multimodal analgesia protocol according to the standard of acute pain management in children. The intervention group of 48 patients (15 years \pm 3 years, 5 girls) had intraoperative intercostal cryolesia bilaterally from Th3 to Th8.

Results In the intervention group significantly better control of postoperative pain assessed according to the numerical rating scale (NRS) in the first postoperative days ($p<0.01$) was achieved. Additionally, there was shorter duration of intravenous opioid use ($p<0.01$), faster independence and correctness of exercises performed during postoperative rehabilitation ($p<0.01$) and shorter hospitalisation time ($p<0.01$). In the intervention group, better results were obtained in terms of quality of life according to the modified Nuss questionnaire.

Conclusion

Conclusions Adding cryolesia to multimodal analgesia during modified Nuss surgery gives better results in terms of pain control, improved rehabilitation, and reduced hospitalisation time.

EP220 PATHWAYS OF DYE SPREAD AFTER ULTRASOUND GUIDED INJECTIONS IN THE PARASPINAL SPACES- A CADAVERIC STUDY

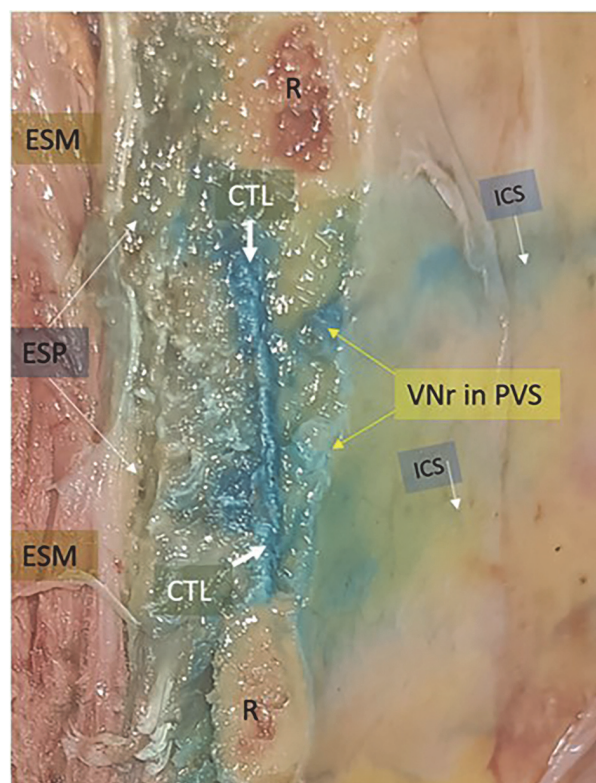
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Background and Aims The exact mechanism of action of erector spinae plane (ESP) block remains an enigma. We injected dye in ESP and other paraspinal spaces to compare the dye diffusion pattern along the paraspinal region in human cadavers.

Methods In 6 soft-embalmed cadavers (12 specimens), 20mL methylene blue dye (ESP and paravertebral space) or indocyanine green dye (inter-ligament space) was injected bilaterally using an in-plane ultrasound-guided technique at the level of the costotransverse junction of T4 vertebrae. Dye spread was evaluated bilaterally in the coronal plane in the paravertebral and intercostal spaces from the 1st and the 12th rib. Axial and sagittal sections were performed at the level of the 4th thoracic vertebrae. After cross-sections, the extent of dye spread was investigated in the ESP, inter-ligament and paravertebral spaces. The staining of the ventral and dorsal rami and spread into the intercostal spaces were also evaluated.

Results The ESP injection was mainly restricted dorsal to the costotransverse foramen and did not spread anteriorly to the paravertebral space. The paravertebral injection involved the origin of the spinal nerve and spread laterally to the intercostal space. The inter-ligament space injection showed an extensive anterior and posterior dye spread involving the ventral and dorsal rami. (figure1)



Abstract EP220 Figure 1 Dye spread in interligamentous space