Background and Aims Spinal dysraphism is a heterogeneous group of vertebral arched disorders with direct implications for the peripartum anesthetic 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 S2 neural arch located at L2 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 events occurred in the postpartum period.

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.
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 +/- 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 +/- 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
Add gunshot to multimodal analgesia during modified Nuss surgery gives better results in terms of pain control, improved rehabilitation, and reduced hospitalisation time.