

OP027 FEASIBILITY PILOT RANDOMIZED CONTROLLED TRIAL OF LABOR EPIDURAL TAPING STRATEGIES: LETS

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Background and Aims Labour epidural failure rate has been reported as high as 7%. In up to 54% of cases, catheter migration has been identified as the cause. We hypothesized that fixing the catheter to the skin at the insertion site may contribute to catheter migration. This study investigated the feasibility of conducting a prospective, randomized controlled trial to assess the impact of a novel labour epidural catheter taping technique on catheter failure.

Methods Laboring parturients who requested epidural placement were randomized to have the catheter taped either in the standard fashion or with a length of catheter outside the insertion site which wasn't fixed to the skin. (figure 1) Patients with BMI >50; contraindications to epidural placement or who underwent combined spinal epidural or dural puncture epidural were excluded. Twenty patients were randomized to each arm. (figure 2) The primary endpoint was the rate of epidural catheter replacement at over 120 minutes following placement.

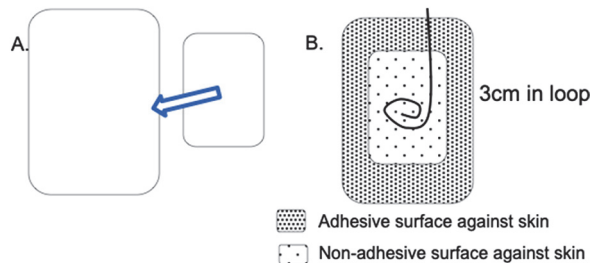
Results Table 1 summarizes the characteristics of each group. Two catheters in the intervention group required replacement at 11 hours and 14 hours following placement. There were no epidural catheter-related complications in either group. Documentation of pain scores and dermatomal levels was inconsistent in both groups

Control Group
Epidural catheter fixed at point of skin insertion



Study Group – Slack Taped

- A. Stick small tegaderm to center of medium tegaderm Adhesive side to adhesive side
- B. Epidural catheter covered but not fixed to skin insertion site Leave 3cm of catheter within non-adhesive middle portion



Abstract OP027 Figure 2 Taping strategies

Conclusions An RCT comparing the two taping strategies is safe and feasible. Recruitment using verbal consent is very successful for enrollment. The rate of catheter replacement at a time greater than or equal to two hours after placement is an appropriate primary endpoint.

OP028 NOVAL ANTERIOR CUL DE SAC CATHETER FURTHER DECREASES OPIOID REQUIREMENTS COMPARED TO A 10-YEAR ESTABLISHED ERAS WITH TAP FOLLOWING CESAREAN SECTIONS

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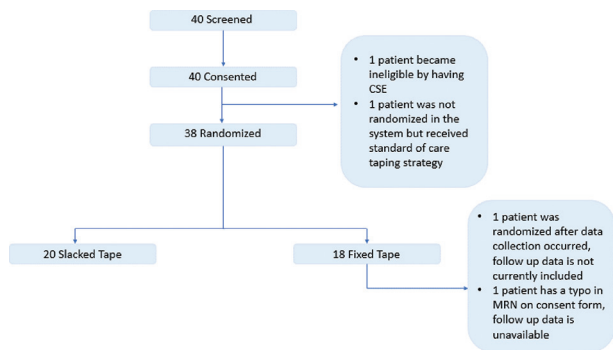
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Background and Aims Cesarean surgical deliveries account for 31.8% of deliveries worldwide and 38 million projected by 2030. To reduce pain and suffering due to visceral and somatic pain, several multimodal ERAS protocols including various plane type blocks have been developed and utilized to promote recovery and minimize opioids. This study aimed to compare ERAS protocols utilizing either an Anterior Cul de Sac catheter or TAP block to further decrease opioid requirements from a well-established 10-year protocol requiring a mean morphine consumption of 1.7 mg during POD-0.

Methods A retrospective chart analysis of 81 cesarean patients that received a standard ERAS protocol including spinal anesthesia with 0.1mg of morphine and NSAIDS. Group 1

Abstract OP027 Table 1 Stratified by randomized group

	Slacked Tape	Fixed Tape	SMD
n	20	17	
Age (median [IQR])	33.00 [30.00, 36.00]	33.00 [28.00, 34.25]	0.510
Centimeters loss of resistance (median [IQR])	6.00 [5.00, 7.12]	5.50 [5.00, 6.62]	0.127
Centimeters catheter is taped (median [IQR])	11.00 [10.00, 12.00]	10.5.0 [10.00, 12.00]	0.071
Centimeters catheter is taped at removal (median [IQR])	12.00 [10.25, 13.00]	11.00 [9.75, 11.88]	0.375
Mode of Delivery Cesarean Section	4 (20.0%)	8 (50.0%)	0.663
Catheter Removal	3 (15%)	0 (0%)	0.594



Abstract OP027 Figure 1