Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I apply as a Trainee/Resident/Fellow (no age limit)

Background and Aims Cesarean delivery (CD) is a common procedure with potential complications. Enhanced Recovery After Surgery (ERAS) guidelines recommend immediate removal of urinary catheters after CD. However, there’s limited evidence supporting this practice. Prolonged catheterization increases the risk of urinary tract infections (UTIs) and other complications, while premature removal can lead to urinary retention. Anesthetic type, such as spinal or epidural, may influence urinary retention. This systematic review aims to compare the effect of neuraxial anesthesia on urinary catheter removal after CD, focusing on spinal and epidural anesthesia.

Methods This systematic review follows Cochrane Collaboration and PRISMA guidelines. Eligible studies include randomized controlled trials (RCT), cluster-RCT, controlled non-randomized clinical trials, cluster trials, case reports, observational cohort studies (controlled/uncontrolled), cross-sectional studies, commentary, or letters to editors. A comprehensive search was conducted in PubMed/Ovid Medline, EMBASE, Scopus, and The Cochrane Library databases from July 2010-July 2022. Data extraction involved study characteristics, anesthetic practices, and outcomes such as catheterization duration, urinary retention, and urinary tract infection.

Results Out of 10,916 papers initially identified, five studies were included in this systematic review (figure 1). Although this review showed that neuraxial anesthesia in CD leads to higher rates of urinary-retention and longer catheterization duration, no direct comparison between spinal and epidural anesthesia was found (table 1). The heterogeneity in study populations, anesthetic methods, and definitions of urinary retention precluded quantitative comparisons.

Conclusions This study reveals insufficient studies comparing epidural and spinal anesthesia regarding urinary catheterization duration after CD. Further research is needed to investigate and differentiate the effects of epidural and spinal anesthesia on urinary catheterization duration in this context.

Abstract OP031 Table 1 Summary of included articles from the systematic review

Abstract OP030 Figure 1 Study selection process

Abstract OP030
THE EFFECT OF NEURAXIAL ANESTHESIA ON URINARY CATHETER REMOVAL AFTER CESAREAN DELIVERY – A COMPARISON BETWEEN SPINAL AND EPIDURAL ANESTHESIA: A SYSTEMATIC REVIEW

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10.1136/rapm-2023-ESRA.30

EMPOWERING PATIENTS IN SAFER OBSTETRIC ANAESTHESIA CARE USING A REGIONAL ANAESTHESIA ALERT BRACELET AT THE COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL, DUBLIN

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10.1136/rapm-2023-ESRA.31

Empowering Patients in Safer Obstetric Anaesthesia Care Using a Regional Anaesthesia Alert Bracelet at the Coombe Women and Infants University Hospital, Dublin

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Application for ESRA Abstract Prizes: I apply as a Trainee/Resident/Fellow (no age limit)

Background and Aims • ‘Straight-leg raising (SLR) should be used as a screening method to assess motor block at 4 h from the last dose of epidural/spinal local anaesthetic’ OAA/AAGBI (1) • The Regional Anaesthesia Alert Bracelet (RAAB) is a patient safety initiative introduced at CWIUH, the first site in the Republic of Ireland, created by Dr. Rachel Mathers.(2) • A simple yellow wristband is attached to the patients arm following neuraxial anaesthesia or analgesia (NA) with the time to SLR noted. • The RAAB empowers and engages patients to improve safety by fostering a culture of partnership to minimize harm. (3)

Methods • Prospective data collection following patient and staff education on application of RAAB for all patients undergoing NA • Written questionnaire completed by 100 patients to reflect patient experience wearing a RAAB • Documented anaesthetic registrar bleeps to monitor increase in workload

Results 77 patients self-screened 4 hours following NA 97 patients reported active involvement in their healthcare 94 patients reported reassurance by wearing the bracelet 100 patients reported that wearing the bracelet did not cause anxiety 100 patients would wear the wristband again for the same