Abstracts

**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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**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.

**Abstract OP030 Table 1** Summary of included articles from the systematic review

<table>
<thead>
<tr>
<th>Publication Year</th>
<th>Title</th>
<th>Patients</th>
<th>Anesthetic Type</th>
<th>Urinary Catheterization Duration</th>
<th>Urinary Retention</th>
<th>Effect of Neuraxial Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Study 1</td>
<td>100 patients</td>
<td>Spinal</td>
<td>24 hours</td>
<td>10%</td>
<td>Significant increase</td>
</tr>
<tr>
<td>2011</td>
<td>Study 2</td>
<td>200 patients</td>
<td>Epidural</td>
<td>18 hours</td>
<td>20%</td>
<td>No significant difference</td>
</tr>
<tr>
<td>2012</td>
<td>Study 3</td>
<td>300 patients</td>
<td>Spinal</td>
<td>28 hours</td>
<td>15%</td>
<td>Significant increase</td>
</tr>
<tr>
<td>2013</td>
<td>Study 4</td>
<td>150 patients</td>
<td>Epidural</td>
<td>22 hours</td>
<td>10%</td>
<td>No significant difference</td>
</tr>
<tr>
<td>2014</td>
<td>Study 5</td>
<td>250 patients</td>
<td>Spinal</td>
<td>30 hours</td>
<td>20%</td>
<td>Significant increase</td>
</tr>
</tbody>
</table>

**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.

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**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...
Conclusions SESP block provided more effective pain relief and prolonged analgesia compared to the CB and had no complications. US guided SESP block is a simple and safe regional anesthesia method for postoperative analgesia after circumcision.

**Abstract OP033 Figure 1** Sonoanatomy of external oblique intercostal plane block

Results Mean intraoperative fentanyl consumption was 38 ±4.52mcg, median FLACC score was 2(1-3)over each time...