

**Conclusions** USG guided neuraxial anesthesia is noninvasive, safe, can be quickly performed, does not involve exposure to radiation, provides real-time images, and is free from adverse effects. USG guided neuraxial anesthesia is a rapidly developing alternative to traditional landmark-based techniques. In experienced hand USG can be an important tool in providing CNB in specific patients. As US technology continues to improve and as skills become more widely available, use of US for CNB may become the standard of care in future.

### #36312 VERTICAL NYSTAGMUS AFTER EPIDURAL MORPHINE ADMINISTRATION – A CASE REPORT

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

**Background and Aims** Vertical nystagmus is generally associated with cerebellar or brainstem injuries. The most frequently reported complications associated with opioids administered via epidural include nausea and vomiting, itching, and respiratory depression. We describe a clinical case of vertical nystagmus following epidural morphine administration.

**Methods** A 76-year-old patient underwent bilateral breast reduction mammoplasty under thoracic epidural anesthesia with moderate sedation. In the postoperative period, after receiving 2 mg of morphine through the epidural catheter, she developed nausea and vomiting accompanied by visual perception changes. Neurological examination revealed a baseline and gaze-evoked vertical rotary nystagmus without other deficits. A computed tomography scan of the brain showed no acute changes. Assuming iatrogenic opioid-induced nystagmus, a dose of 0.1 mg of naloxone was administered, resulting in complete reversal of the symptoms.

**Results** Cases of nystagmus associated with epidural opioid administration are rare, with only two cases reported in the literature. In the presence of this neurological alteration, it is important to differentiate between structural cerebellar lesions and toxic/pharmacological causes.

**Conclusions** The resolution of symptoms following naloxone administration confirms the diagnosis of a pharmacological iatrogenic cause of vertical nystagmus.

### #36081 CHOICE OF ANESTHESIA FOR HIP FRACTURE SURGERY: A POLL OF ANESTHESIA PRACTITIONERS

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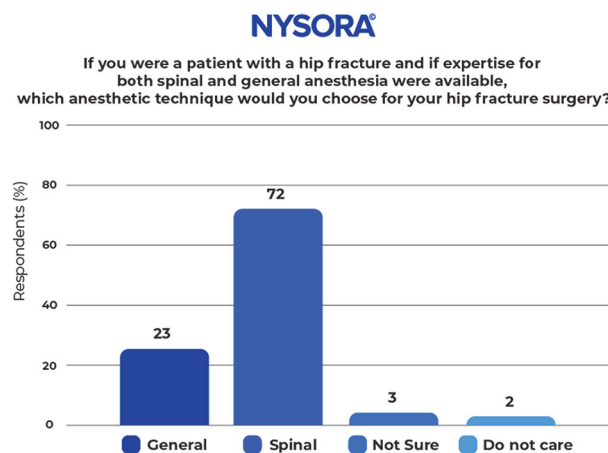
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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Large retrospective studies have clearly established the outcome benefits of spinal anesthesia over general anesthesia in patients having hip fracture surgery. However, recent data from a prospective, randomized study (Neuman et al. NEJM 2021) challenged the benefits of spinal anesthesia with regard to survival advantages, the ability to walk independently, and postoperative dementia. We polled the anesthesia community to investigate whether spinal or general anesthesia is perceived as a preferable choice for patients with hip fractures.

**Methods** We solicited a reply to the following question on the NYSORA community page: ‘If you were a patient with a hip fracture and if expertise in both spinal and general anesthesia were available, which anesthetic technique would you choose for your own hip fracture surgery?’ The reply options are listed in figure 1.

**Results** Of 130,000 NYSORA community members, 82% comprised anesthesiology professionals. Of these, 4% of the community members posted a reply (5,200 respondents), figure 1. Most respondents (72%) chose spinal anesthesia over general anesthesia for their own hip fracture repair.



**Abstract #36081 Figure 1** Anesthesiology community preference of general vs. spinal anesthesia for their own hip fracture repair

**Conclusions** Although the recent outcome study on spinal versus general anesthesia (Neuman et al., NEJM, 2021) challenged the benefits of spinal anesthesia in patients with hip fracture, our poll suggests that anesthesia practitioners would prefer spinal over general anesthesia for their own hip fracture surgery. These results could have been skewed due to the likely larger prevalence of regional anesthesiologists in the NYSORA community.

### #36089 CONTINUOUS SPINAL ANAESTHESIA – A VALID OPTION FOR A COMPLEX AND FRAIL PATIENT

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