Background and Aims Continuous spinal anaesthesia (CSA) is a seldom used anaesthetic technique. Advantages of CSA over other neuraxial anesthesia techniques include its ability to maintain anaesthesia for prolonged periods by administering low, incremental and titrated doses of local anaesthetic, reducing haemodynamic instability while providing a fast and dense block.

Methods A 65-year-old male patient, ASA IV, was admitted for closed reduction and osteosynthesis of a pertoacetic femoral fracture. Relevant medical history included severe aortic stenosis, coronary artery disease, cardiac pacemaker, chronic kidney disease undergoing hemodialysis, insulin-treated diabetes, hypertension, and obstructive sleep apnea on CPAP. Furthermore, the patient had previously undergone a maxillectomy and subsequent reconstruction, resulting in a severely restricted mouth opening. Considering the patients comorbidities, predicted difficult airway and surgical procedure, CSA was elected as the anaesthetic technique.

Results Standard ASA monitoring with invasive blood pressure evaluation was used, and a preemptive strategy formulated for potential difficult airway management. An epidural needle was used to detect the subarachnoid space (SAS) in the L4-L5 interspace. A catheter was left 3cm inside the SAS and 5mg (1ml) of 0,5% levobupivacaine and 2,5 mcg (0,5ml) of sufentanil were injected intrathecally as the initial loading dose. Subsequent doses of levobupivacaine were titrated as needed. At the end of surgery the catheter was removed and a femoral block with 15ml of 0,25% levobupivacaine performed. The procedure was uneventful, hemodynamic stability was maintained and airway manipulation avoided.

Conclusions CSA is an effective and adequate technique for frail patients who benefit from avoiding general anesthesia and demand a more rigorous hemodynamic control.

Attachment PatientconsentCSA.pdf

#36253 EPI DURAL ANAESTHESIA FOR EMERGENCY LAPAROTOMY IN AN ELDERLY PATIENT WITH ATRIAL FIBRILLATION IN A RURAL SETTING: CASE REPORT

Lionelle Tchokam*, Raymond Ndikontar, Daniel Eyaman.
Yaounde Emergency Centre (CURY), Yaounde, Cameroon; Anesthesiology-ICU, ASCOVIME (Association of skills for a better life) NGO, Yaounde, Cameroon; Anesthesiology-ICU, Yaounde Gynaeco-obstetric and Paediatric Hospital, yaounde, Cameroon; Anesthesiology-ICU, Yaounde Central Hospital, Yaounde, Cameroon

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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)

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

Background and Aims Delivering anaesthesia is very difficult in rural settings, one of the main reasons being the lack of equipment. It has been shown that regional anaesthesia has several advantages for patients with cardiovascular comorbidities. Epidural anaesthesia and analgesia has been described to have many advantages during major surgery, including abdominal surgery.

Methods We present a case in which epidural anesthesia was used for a patient with auricular fibrillation undergoing laparotomy and for whom no anaesthesia machine nor intensive care unit was available.

Results During a surgical campaign in a village, we received a female patient aged 85 years old, known hypertensive, not observant to treatment, who came for abdominal pain of sudden onset associated to acutely presenting fatigue, with an occlusive syndrome. On physical examination we found an irregular heartbeat, with low blood pressure and clinical signs suggestive of peritoneal irritation. An electrocardiogram done showed atrial fibrillation, and an abdominal ultrasound done was not conclusive. After obtaining patient and family consent, a laparotomy was done with findings warranting resection of ischemic bowel. This was performed under epidural anesthesia. Per-operative period was marked by hypotension and atrial fibrillation. The postoperative course was uncomplicated.

Conclusions Epidural anaesthesia and analgesia can be beneficial for patients who present with cardiovascular comorbidity and need emergency laparotomy in resource constrained settings where it is not always obvious to perform general anaesthesia.

#36265 SPINAL ANESTHESIA WITH ROPIVACAINE FOR HIP- AND KNEE ARTHROPLASTY – AN OBSERVATIONAL STUDY OF DURATION AND COMPLICATIONS

Elective Surgery Center, Silkeborg Regional Hospital, Silkeborg, Denmark

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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 Fast-track programs for hip- and knee arthroplasty require enhanced perioperative care; however, limited research exists on duration of spinal anesthesia with ropivacaine. This observational study aims to evaluate the duration and sufficiency of spinal anesthesia with ropivacaine and observe associated postoperative complications.

Methods Initial inclusion of 129 patients undergoing elective hip- and knee arthroplasty received spinal anesthesia with ropivacaine 15 mg. Based on preliminary results, a supplemental group of 27 hip arthroplasty patients receiving a lower dose of 12.5 mg was included. Primary outcomes were duration of the spinal anesthesia measured as time from injection to remission of sensory and motor function. Sensory function was assessed by pinprick test. Motor function was assessed by voluntary movement of ankle-, knee- and hip joints. Secondary outcomes were incidence and timing of associated postoperative complications.

Results Administration of 15 mg ropivacaine resulted in a median duration of 116 minutes [91-135] until remission of sensory function compared to 90 minutes [75-110] with 12.5 mg ropivacaine (p=0.01). Remission of motor function was 177 minutes [152-222] with 15 mg ropivacaine compared to 146 minutes [115-201] with 12.5 mg ropivacaine (p<0.01). Postoperative complications showed a trend towards increased cerebral- and cardiovascular events among hip-patients.

Conclusions Spinal anesthesia with 15 mg ropivacaine was sufficient for hip- and knee arthroplasty, and administration of 12.5 mg ropivacaine also seems to be sufficient. Remarkably, remissions were significantly delayed in the operated legs compared to the non-operated legs which is not previously described.