Abstracts

#36424

POST-SPINAL ANESTHESIA SHIVERING (PSAS) IN ELDERLY – COMPARISON OF THE EFFECTIVENESS OF THE PROPHYLACTIC ADMINISTRATION OF CLONIDINE AND PROPOFOL ALONE OR IN COMBINATION

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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)

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Background and Aims Post-spinal shivering is a common side effect of spinal anesthesia, particularly in elderly patients. This prospective randomized double-blind controlled study has the purpose to explore the effectiveness and safety of low dose intravenous clonidine, propofol and clonidine plus propofol for prophylaxis of shivering in elderly undergoing lower abdominal surgery under spinal anesthesia

Methods 80 patients (ASA I-III, age>65 years) scheduled for lower abdominal surgery under spinal anesthesia participated in the study. They were randomized to four groups, each of them with 20 patients, to receive 50µg clonidine (group C), 0,25 mg/kg propofol (group P), 50µg clonidine and 0,25 mg/kg propofol (group KP) and saline (group S). Drugs were administered after subarachnoid anesthesia with hyperbaric bupivacaine was performed. During surgery we recorded every 10’ the incidence of shivering and its severity using Bedside Shivering Assessment Score as primary endpoints. Secondary endpoints included the incidence of sedation and nausea/vomiting and the evaluation of hemodynamics during surgery. Student’s t test was used for statistical interpretation considering p<0,05 as significant.

Results The incidence of shivering was significantly lower in groups CP (p<0,001), P (p<0,05), C(p<0,005) compared to placebo. Among the groups that received prophylactic medication, group CP showed an advantage documented by statistically relevant decrease of shivering incidence (p<0,01) compared to the other two groups . The incidence of sedation, the occurrence of nausea/vomiting and hemodynamic parameters registered similar values in all study groups.

Conclusions The combination of clonidine and propofol provide synergistic effects and is effective for controlling post-surgical shivering in elderly.

#36003

HYPOXEMIA AFTER PRIOCAINE ADMINISTRATION – A METHEMOGLOBINEMIA CASE REPORT

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Background and Aims With the SARS-CoV-2 pandemic, regional anesthesia techniques gained more impact because of the need to avoid airway manipulation. To assure a fast recovery and ambulation, prilocaine was used more frequently due to its fast onset and lower duration of action.

Methods We describe a case of methemoglobinemia in a patient submitted to a uterine aspiration after an abortion during the first trimester.

Results The patient weighted 50kg and had a medical history of ulcerative colitis medicated with sulfasalazine. She was anesthetized with spinal anesthesia with 60mg of hyperbaric prilocaine. After 17 minutes of the spinal technique the oxygen saturation dropped from 98-99% to 90% and a bluish discoloration on her lips was detected. With the assumption of a case of methemoglobinemia associated with prilocaine administration, methylene blue 1mg/kg was administered (50mg). The procedure was terminated, and she was admitted for surveillance. The case resolved with no complications.
Conclusions Methemoglobinemia is a rare complication associated with prilocaine. Normally higher doses are associated with the development of this syndrome. Sulfasalazine and other drugs administration may enhance the probability of the occurrence of methemoglobinemia. Methylene blue is an effective antidote for methemoglobinemia due to its own oxidizing properties.

Background and Aims This case reports a rare thoracic epidural induced priapism and evidences the importance of prompt recognition and treatment to preserve erectile function.

Methods A 44-year-old, male, ASA II, underwent exploratory laparotomy and sigmoidectomy. Prior to general anesthesia induction, a thoracic epidural catheter was inserted at T10-T11. An initial bolus of 7 mL ropivacaine 0.2% was administered and sensory block was distributed from T6 level. No intercurrences were reported during the procedure and the patient was transferred to PACU with an epidural infusion of ropivacaine 0.15% at 5 mL/h. An erection was observed 13 hours postoperative. The epidural infusion was discontinued and Urology was consulted. Blood was aspirated from the corpora cavernosa to induce detumescence, which was unsuccessful. An injection of diluted epinephrine was then administered. No more erections were reported after discontinuation of the epidural infusion. The patient was referred to urology consultation and discharged.

Results In our case, we hypothesize that epidural was responsible for the low-flow priapism, considering the absence of direct trauma or hematological disease, uncorrelation of the surgical site with erectile physiology and priapism reversal following discontinuation of the epidural infusion. Priapism has been previously reported as a complication of epidural injection with opioids or in combination with local anaesthesia.

Conclusions This is a rare complication with unknown incidence and poorly understood pathophysiology. Nonwithstanding, prompt identification is vital to prevent permanent damage. Otherwise, it may lead to emergency intervention as described here. Awareness must be raised regarding epidural-induced priapism to ensure early identification.

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