

Postoperative period was uneventful and the patient was discharged after 4 days.

Conclusions In patients with severe cardiovascular disease, titration of lower doses of LA in continuous subarachnoid block allows a safer procedure.

#36461 BAMBOO SPINE AND NEURAXIAL BLOCKADE – AN ANESTHETIC CHALLENGE IN SEVERE ANKYLOSING SPONDYLITIS

Ana Rita Fonseca, Cidália Marques*, Alexandra Borges, Joana Dias, Susana Santos Rodrigues, Marta Pereira. *Anesthesiology, Hospital da Senhora da Oliveira, Guimarães, Guimarães, Portugal*

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Background and Aims Ankylosing spondylitis (AS) is a chronic, progressive inflammatory disease that affects the spine and sacroiliac joints. Disease spectrum may range from mild rigidity to bone fusion of the spine. Inevitably, neuraxial blockade may be technically difficult or impossible to achieve due to closed interspinous spaces and loss of flexibility. Tracheal intubation may also be difficult because of the involvement of cervical spine and temporomandibular joint. Cardiopulmonary complications are frequently present, demanding a careful pre-operative evaluation.

Methods A 69-year-old woman with a long history of AS presented for hip replacement surgery. The patient had a bamboo spine with accentuated thoracolumbar kyphosis and no mobility of cervical spine, which was fixed in a flexed posture. After positioning in right lateral decubitus, spinal anesthesia was achieved after 3 attempts, at L3-L4 interspace, paramedian approach, with a 25G Quincke needle. 9 mg of isobaric bupivacaine 0,5% and 2 mcg of sufentanyl were administered. Ultrasound guided femoral nerve block and lateral femoral cutaneous nerve block were previously successfully performed.

Results The sensory and motor blocks were adequate, and the patient remained hemodynamically stable thorough surgery.



Abstract #36461 Figure 1 Positioning



Abstract #36461 Figure 2 Cervical spine fixed

Conclusions AS presents significant challenges to the anesthesiologist, thus requiring a careful anesthetic planning. Regarding regional anesthesia, the major concerns are the difficulty of the technique, increased risk of complications and the unpredictable sensory and motor spread of the neural blockade. If general anesthesia is necessary, awake fiber optic intubation should be considered, and cardiopulmonary pathology held in consideration.

#33940 COMPARING FLOW RESISTANCE BETWEEN THE NRFIT AND LUER CONNECTORS FOR DIFFERENT SPINAL NEEDLES

Karin Belch*, Tammar Al-Ani. *Anaesthesia, NHS Scotland, Glasgow, UK*

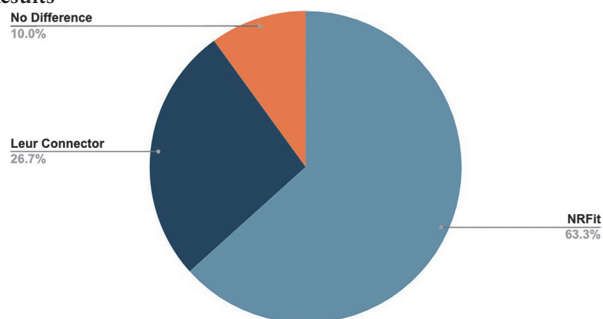
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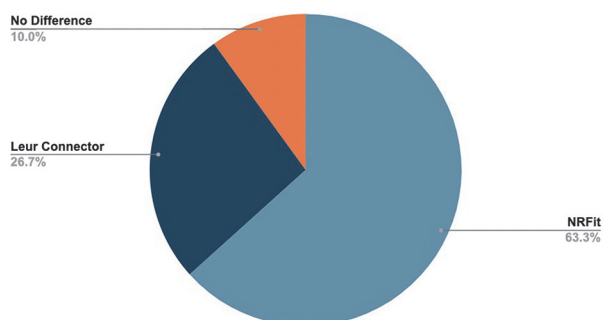
Background and Aims NRFit connectors are 20% smaller and 3mm longer than standard Luer connectors [1]. Does switching to NRFit connectors from Luer connectors of the same manufacturer increase the perceived resistance to flow during aspiration and injection when performing spinal block? This study compares the flow resistance to water between: (a) Pajunk® NRFit versus Pajunk® Luer of the Sprotte® 24G x 90mm spinal needles. (b) Vygon® NRFit versus Vygon® Luer of the Whitacre® 25G x 90mm spinal needles.

Methods Thirty ward nurses who had never used these needles volunteered to test these spinal needles in a simulated practice. Each needle was primed with water and then attached to a 5 ml syringe containing 3 ml water. Using the same hand, each nurse was asked to aspirate 1ml from a glass filled with 10 ml water and then inject 3 ml under the water in the same glass. Unlimited attempts were permitted until they could determine the needle with the lowest resistance or if they felt that there was no difference in resistance between the two needles from the same manufacturer.

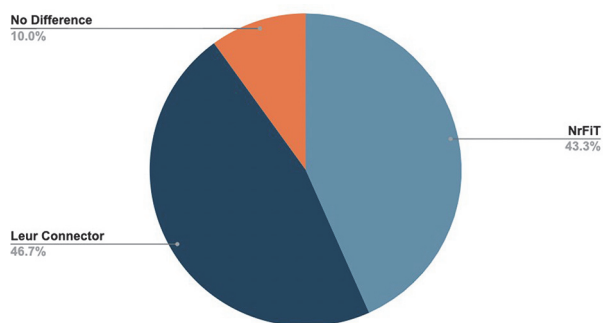
Results



Abstract #33940 Figure 1 Perceived Lower Resistance to Injection using Pajunk® NRFit and Pajunk® Leur of the Sprotte® 24G x 90mm Spinal Needles (n=30) figure 2: Perceived Lower Resistance to Aspiration using Vygon® NRFit and Vygon® Leur of the Whitacre® 25G x 90mm Spinal Needles (n=30)



Abstract #33940 Figure 1 Perceived Lower Resistance to Injection using Pajunk® NRFit and Pajunk® Leur of the Sprotte® 24G x 90mm Spinal Needles (n=30)



Abstract #33940 Figure 2 Perceived Lower Resistance to Aspiration using Vygon® NRFit and Vygon® Leur of the Whitacre® 25G x 90mm Spinal Needles (n=30)

Conclusions Within the measure parameters, volunteers perceived a lower resistance to injection using the NRFit connectors. In contrast, they perceived lower resistance to aspiration using the leur connectors.

#35832 AN ATYPICAL COMBINATION: SEDATION WITH DEXMEDETOMIDINE AND CONTINUOUS SPINAL ANESTHESIA FOR HIP FRACTURE ARTHROPLASTY IN A PATIENT WITH SEVERE DELIRIUM

¹Rita Dinis, ²Bárbara Sousa*, ¹Ricardo Carvalho, ³Andreia Puga. ¹Serviço de Anestesiologia, Hospital Prof. Doutor Fernando da Fonseca, Amadora, Portugal; ²Serviço de Anestesiologia, Hospital Prof. Doutor Fernando da Fonseca, Sacavém, Portugal; ³Serviço de Anestesiologia, Hospital Prof. Doutor Fernando da Fonseca, Lisboa, Portugal

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Background and Aims When the risks of approaching a difficult airway are high, regional anesthesia often becomes a wiser option. In order to avoid general anesthesia it becomes necessary to implement strategies that maximize the effectiveness of regional techniques, including optimizing patient cooperation and favoring regional techniques whose duration can be extended to meet the needs of prolonged surgery.

Methods Patient: 88-year-old female, with diabetes, hypertension, degenerative osteoarticular disease, dementia, and previous maxillectomy with ATM arthrodesis. Procedure: Hip arthroplasty due to hip fracture Anesthetic plan: A dexmedetomidine infusion was started 2 hours before coming to the operating room and was maintained throughout the procedure (0,1-0,4mcg/kg/h). A continuous spinal catheter (25G) was placed in L3/4, through an intrathecal Sprout needle (21G) – IntraLong (r) 21G/25G PAJUNK. An initial bolus of 2.5mg levobupivacaine 0,5% + 2.5mcg sufentanil was administered. The procedure lasted 2 hours and an additional dose of 1mg levobupivacaine 0,1% was given. The catheter was removed at the end of the procedure.

Results The patient remained in RASS -2, on spontaneous ventilation, without the need for additional oxygen supply and was hemodynamically stable throughout the procedure. The postoperative course was uneventful.

Conclusions In this case, avoiding the airway was highly desirable, but delirium could compromise patient cooperation during regional anesthesia. Sedation was necessary and dexmedetomidine was chosen because of its beneficial effect on delirium and respiratory stability. Continuous spinal anesthesia was chosen for its effectiveness in surgical anesthesia and due to the unpredictability of the duration of the procedure.

Attachment Consentimento informado sem dados do doente 2. pdf

#36078 ASSESSING AND IMPROVING KNOWLEDGE OF EPIDURAL INFUSIONS AMONGST NON-ANAESTHETIC TRAINEES IN CRITICAL CARE

¹Gillian Crowe*, Ian Conrick-Martin. ¹Dublin, Ireland; ²none, Dublin, Ireland

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