epidural anaesthesia with 0.25% Bupivacaine+Fentanyl, with standard monitoring and intra arterial line, maintaining hemodynamic stability. Intra-op BP decreased twice, treated with Phenylephrine 50mcg iv bolus & rest was uneventful. Patient monitored in CCU for 48 hours; on continuous epidural 0.125% Bupivacaine infusion, with uneventful post operative period.

Results During pregnancy the circulatory and haematological changes which occur can lead to increased peri-op mortality and morbidity in patients with IPAH. The anaesthetic goals are Maintenance of adequate Systemic Vascular Resistance (SVR); Maintenance of intra-vascular volume and venous return; Avoidance of aorto-caval compression; Prevention of pain, hypoxemia, hypercarbia and acidosis which may increase Pulmonary Vascular Resistance (PVR) and avoidance of myocardial depression. The choice of anaesthesia for LSCS in patients with IPAH is controversial as there is no established anaesthetic protocols to manage such patients and varied reports make it difficult to come to a well-established decision.

Conclusions Epidural anaesthesia can be safely administered during LSCS in a selected group of patients with IPAH, using a multi-disciplinary team approach and extreme vigilance leading to a good maternal and fetal outcome.

SUCCESSFUL MANAGEMENT OF LABOR EPIDURAL ANALGESIA FOR A NULLIPAROUS WOMAN WITH PRIOR SPINAL SURGERY OF CONGENITAL SCOLIOSIS AND TIBIAL DEFICIENCY

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Background and Aims Administration of epidural analgesia in a patient with prior spinal surgery is a unique challenge. There may be difficulty of locating epidural space, interference with local anesthetic spread, and accidental dural puncture. Also, appropriate deliver position is known as one of the key of successful vaginal delivery. It may be difficult for those who has disability of lower extremity.

Methods Written informed consent was obtained from the patient for presentation. A 29-year-old nulliparous woman was sent for evaluation of epidural analgesia use in 35th gestational weeks. She took osseointegration limb surgery in infancy, and T3-L1 posterior interbody fusion and L1-L3 lateral interbody fusion at age 13 and 15. MRI showed that lumber epidural space was intact. There were no neurologic impairments of both upper and lower extremities and she was experiencing uncontrolled pain but refused the placement of an epidural catheter. During the discussion, she disclosed that she had spina bifida and believed that epidural catheter placement was contraindicated for individuals with this condition. Confirmation of spina bifida at the L5-S1 level was obtained from a CT scan in her digital records. Despite attempts to alleviate her pain with patient-controlled analgesia (PCA) with bolus of 1 ml of remifentanil (20 mcg/mL), the patient remained with burdens of pain. The PCA was stopped 20 minutes before birth however, the newborn experienced respiratory difficulties with an APGAR 6/7/8, that resolved after measures from the neonatal care.

Conclusions Epidural anesthesia with lumber catheter placement is the preferred method for labor pain management, benefiting both the mother and the fetus.

THE ART OF DELIVERING A BABY .. WHEN YOUR HEART IS NOT YOURS

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