

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 48hours;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 of IPA.H. 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 IPA.H 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 anesthesia can be safely administered during LSCS in a selected group of patients with IPA.H,using a multi-disciplinary team approach and extreme vigilance leading to a good maternal and fetal outcome.

#35887 SUCCESSFUL MANAGEMENT OF LABOR EPIDURAL ANALGESIA FOR A NULLIPAROUS WOMAN WITH PRIOR SPINAL SURGERY OF CONGENITAL SCOLIOSIS AND TIBIAL DEFICIENCY

¹Natsumi Kii*, ¹Motonobu Kimizuka, ²Masayuki Someya, ¹Michiaki Yamakage. ¹Department of anaesthesiology, Sapporo Medical University, Sapporo, Japan; ²Department of obstetrics, Sapporo Medical University, Sapporo, Japan

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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 anaesthetic 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 lumbar epidural space was intact. There were no neurologic impairments of both upper and lower extremities and she assumed a delivery position with her artificial leg. After review of these evaluation, she was offered labor epidural anaesthesia.

Results She presented at 39 weeks in labor. Epidural anaesthesia was successfully placed at L3/4. A total dose of 5.7ml of 0.2% levobupivacaine and 25 µg of fentanyl were injected in increments, and the patient reported Numerical Rating Scale 0. With using programmed intermittent epidural bolus,

epidural anaesthesia provided satisfactory analgesia. She delivered a healthy baby vaginally with no adverse events.

Conclusions Although Labor epidural anaesthesia is known to be technically difficult in patients with prior spinal surgery, neuraxial anaesthesia can be performed safely and effectively in this case. An appropriate pre-labor assessment is needed for the patients with those difficulties.

#36137 LABOR ANALGESIA IN A PREGNANT WITH SPINA BIFIDA OCCULTA – A CASE REPORT

¹Mariana Thedim Dias, ²Alice Bras*, ¹Gonçalo Nogueira, ¹Marta Afonso. ¹Anesthesiology, Centro Hospitalar Vila Nova de Gaia/Espinho, vila nova de gaia, Portugal; ²Anesthesiology, Centro Hospitalar Vila Nova de Gaia/Espinho, VILA NOVA DE GAIA, Portugal

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Background and Aims Spina bifida occulta, a relatively common neurologic anomaly (12.4%) (1), presents challenges for neuroaxial anesthesia although, it is not a contraindication to this technique (2).

Methods A 25-year-old woman, 39 weeks pregnant in labor was admitted in the hospital. No past medical history was described. The anesthesia team was called in as the patient 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 remifentanyl (20 mcg/mL), the patient remained with bursts 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 analgesia with lumbar catheter placement is the preferred method for labor pain management, benefiting both the mother and the fetus

(1). This decision should be made in line with the patient, that should be informed of the multiple techniques for labor pain control in advance. Effective communication between obstetric and anesthesia team can provide time and logistic management of the patient namely with a pre-procedural evaluation, ultrasound guidance and consideration of alternative techniques. This approach can provide better care to the patient with better satisfaction and outcomes.

#36209 THE ART OF DELIVERING A BABY .. WHEN YOUR HEART IS NOT YOURS

Pranav Osuri, Mina Amirhom*, Anil Kumar. Anaesthetics, University Hospitals of North Midlands NHS Trust, Stoke-on-Trent, UK

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