deeper (Bromage3), but only Bromage2 in IF group with shorter duration (-122 min vs HF; -59.5 min vs H (p<0.0001)). On the opposite limb sensory blockade was higher in HF than in H group[Th9 vs L4] (p=0.006); in latter – without motor blockade. Pruritus manifested 30% with fentanyl use. One patient developed hypotension, single case of urinary retention and nausea observed (HF group).

Conclusions Isobaric bupivacaine with fentanyl in low-dose spinal anesthesia ensured shorter duration of sensory/motor blockade, but sufficient analgesia – therefore had advantages over hyperbaric bupivacaine. Co-administration of fentanyl to hyperbaric bupivacaine associated with prolonged action, effects on unoperated limb, and we would not recommend for outpatient knee arthroscopy.

EP026 CURRENT SITUATION OF RADIOFREQUENCY FOR THE TREATMENT OF LOW BACK PAIN ORIGINATING IN THE FACET JOINTS IN SPAIN

[1,2]Rubén Rubio Haro*, [3,2]Marcos Salmerón-Martín, [4,2]Alberto Gómez-León, [5,2]Jorge Orduña-Valls, [6,2]Rogelio Rosado-Caracena, [7,2]Alicia Alonso-Cardaño, [8,2]Gisela Roca-Amatria, [9,2]Javier de Andrés-Ares. *[1]Pain Clinic, Medicina del Dolor, Valencia, Spain; [2]Member of the Radiofrequency Working Group in Spanish Pain Society, Madrid, Spain; [3]Pain Clinic, University Hospital Virgen de las Nieves , Granada, Spain; [4]Pain Clinic, University Hospital Rey Juan Carlos, Madrid, Spain; [5]Pain Clinic, Clinic University Hospital, Valencia, Spain; [6]Pain Clinic, Fremap Majadahonda Hospital, Madrid, Spain; [7]Pain Clinic, University Hospital of Leon, Leon, Spain; [8]Pain Clinic, University Hospital Sagrado Corazón , Barcelona, Spain; [9]Pain Clinic, University Hospital La Paz, Madrid, Spain*

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

Background and Aims Radiofrequency (RF) is the main treatment for patients suffering from low back pain originating in the lumbar facet joints; since there is lot of variability in performing the technique, our objective is to analyse it current situation in Spain.

Methods We have performed a survey to analyse the situation of the use of RF to treat the lumbar medial branch; shared trough the Spanish pain society, 91 people answered it.

Results 13/91 perform one ultrasound-guided diagnostic block, 44/91 perform one fluoroscopy-guided block, 14/91 perform either one fluoroscopy or ultrasound-guided block depending on the patient and 6/91 perform two fluoroscopy-guided blocks. 55/91 do the parallel approach and 22/91 the perpendicular approach. 80/91 guide the RF with fluoroscopy, 8/91 with ultrasound and 3/91 combining ultrasound and fluoroscopy. 82/91 use conventional RF, 2/91 use cooled and 8/91 use pulsed. For cannula diameter, 12/91 use 22G, 39/91 use 20G, 42/91 use 18G and 3/91 use 16G. For active tip, 1/91 use 2mm, 15/91 use 5mm and 71/91 use 10mm. 11/91 use blunt-straight, 21/91 use sharp-straight, 25/91 use blunt-curved and 37/91 use sharp-curved. 6/91 apply the RF at 42°C, 8/91 at 45-60°C, 61/91 at 80°C, 12/91 at 85°C and 4/91 at 90°C. 3/91 apply 60 seconds of RF, 61/91 apply 90 seconds, 12/91 apply 120 seconds, 1/91 apply 150 seconds and 6/91 apply 180 seconds. 51/91 do one lesion, 16/91 two lesions and 15/91 three lesions.

Conclusions We need to stablish the best form to perform RF for treating low back pain originating in the lumbar facet joints.

EP027 CONVENTIONAL PALPATION VERSUS ULTRASOUND ASSISTED SPINAL ANESTHESIA IN OBSTETRICS: A RANDOMIZED TRIAL. PRELIMINARY RESULTS

Amani Ben Haj Youssef*, Sonia Ben Ali, Khalil Becheikh, Faten Haddad, Lamia Kamergi, Mhamed Sami Mebazaa. *Anesthesiology and ICU Department, Mongi Slim University Hospital, Tunis, Tunisia*

10.1136/rapm-2023-ESRA.89

Background and Aims Spinal anesthesia in obese parturients is difficult yet there are no guidelines to direct best practice. Ultrasonography (US) is considered standard care for regional anesthesia. The aim of this study was to evaluate the benefits of preprocedural US scanning to improve the first-attempt success rate in obese parturients.

Methods After agreement from the local ethics committee and informed patient consent, we conducted a prospective, randomized controlled study including parturients over the age of 18 with a body mass index ≥30 kg/m2 and scheduled for elective cesarean delivery. Participants were randomized into 2 groups: a standard palpation group (standard group) and a pre-puncture US-guided neuraxial anesthesia group (US-group). The primary outcome was first pass success rate. The secondary outcomes were the number of punctures and intervertebral interspaces attempted, needle redirection, procedure Time, incidence of complications and patient satisfaction score. For all statistical tests, the significance level was set at 0.05.

Results Until now, 71 parturients were recruited: 33 in US-group and 38 in standard group. No clinically intergroup differences were noted regarding the demographic data. The US-group had a higher first-attempt success rate: 51.5% vs 28.9% in standard group but not significant statistically (p=0.052). There were no significant differences between the groups regarding the secondary outcomes. However, more time was required to perform the procedure in US-group (P <0.001) (table1).

Abstract EP027 Table 1 Spinal anesthesia details comparing the ultrasound and standard group

	STANDARD GROUP N=38	ULTRASOUND GROUP N=33	P VALUE
First pass success	11 (28.9%)	17 (51.5%)	0.052
Number of puncture attempts			0.70
1	29 (76.3%)	25 (75.8%)	
2	5 (13.2%)	6 (18.2%)	
≥3	4 (10.5%)	2 (6.1%)	
Number of intervertebral interspaces attempted			0.76
1	30 (78.9%)	28 (84.8%)	
2	7 (18.4%)	4 (12.1%)	
3	1 (2.6%)	1 (3%)	
Requirement of needle redirection			0.17
0	13 (34.2%)	17 (17%)	
1	5 (13.2%)	5 (15.2%)	
2	7 (18.4%)	7 (21.2%)	
≥3	13 (34.2%)	4 (12.1%)	
Traumatic procedure	9 (23.7%)	5 (15.2%)	0.36
Postdural puncture headache	0	0	
Development of back pain	3 (7.9%)	0 (0%)	0.24
Paresthesia	0 (0%)	1 (3%)	0.46
Patient satisfaction score			0.27
Not satisfied	7 (18.4%)	3 (9.1%)	
Satisfied	20 (52.6%)	15 (45.5%)	
Very satisfied	11 (28.9%)	15 (45.5%)	
Total procedure time (seconds)	72 (40; 144)	193 (122; 248.5)	<0.001

Table 1: Spinal anesthesia details comparing the ultrasound and standard groups

Conclusions Preliminary results demonstrated that preprocedural US didn't increase the first pass success rate. We

probably need a larger sample and an US scan to be performed by operators with competence in this area.

EP028 POSTPARTUM POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME

[1]Catarina Sousa*, [1]Catarina Viegas, [2]Liliana Igreja, [1]Rosário Fortuna. *[1]Anesthesiology, Centro Hospitalar Universitária Porto, Porto, Portugal; [2]Neuroradiology, Centro Hospitalar Universitária Porto, Porto, Portugal*

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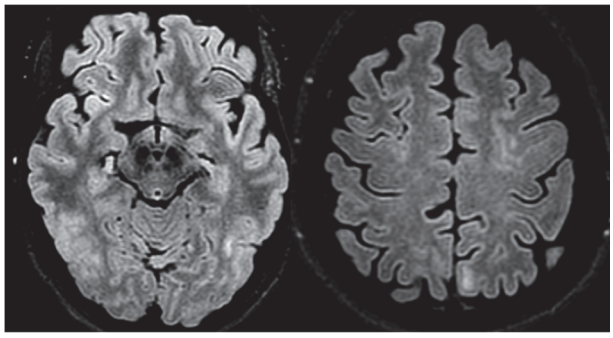
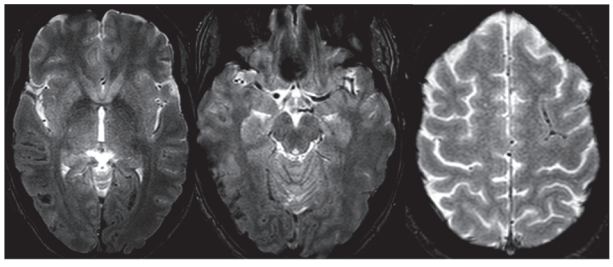
Background and Aims Posterior reversible encephalopathy syndrome (PRES) is a clinical-radiological entity characterized by headaches, seizures, altered consciousness and visual disturbances. The authors describe a clinical case of PRES to highlight the importance of clinical differences between this syndrome and post-dural puncture headache (PDPH).

Methods 45-year-old female, ASA II, with 2 previous cesarian sections (CS) was admitted for an elective CS. Anesthesia was performed uneventfully with combined spinal-epidural anesthesia. No history of gestational hypertension, neurological pathology, vascular malformations or cranioencephalic trauma. A headache with PDPH characteristics developed 24h post CS and responded favorably to conservative analgesic therapy. At 72h post CS, the characteristics of the headache changed, becoming continuous with associated tinnitus and photophobia. Simultaneously she presented high blood pressure, nausea and vomiting. An epidural blood-patch was performed, with no evidence of complications and immediate symptomatic relief was achieved.



Abstract EP028 Figure 1 MRI showing alterations compatible with PRES



Abstract EP028 Figure 2 MRI showing alterations compatible with PRES

Results Three hours after the epidural blood-patch, the patient had a seizure. The brain CT was compatible with reversible cerebral vasoconstriction syndrome. She was admitted in the Intensive Care Unit for monitorization and treatment of blood pressure as well as symptomatic surveillance. She then performed a brain MRI which confirmed PRES. The patient demanded hospital discharge against medical advice and suspended therapy at this point. She is asymptomatic since then, maintaining a normal baseline arterial pressure.

Conclusions PRES is an entity that can simulate an obstetric emergency, being an extremely important differential diagnosis of PDPH. This requires additional brain imaging exams and a multidisciplinary discussion.

EP029 ARE REGIONAL ANAESTHETIC CAREER EXPERIENCES GENDER DEPENDENT? A GLOBAL SNAPSHOT STUDY

[1]Sophie Jackman*, [2]Becki Marsh. *[1]Oxford, UK; [2]Royal Cornwall Hospital, Treliske, -, Truro, UK*

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Background and Aims Women face gender-based challenges in both their medical education and careers[1]. We explored how regional anaesthetic (RA) career experiences were affected by gender and evaluated international differences.

Methods We designed a survey open to healthcare professionals with an RA interest. This was disseminated via social media.

Results We received 96 responses (58:38 female:male split) across 15 countries. (See table 1). 32.8% of women, and 2.6% of men reported being treated unfairly at work due to gender. Regarding RA, half of women's free text answers (8/16) cited being overlooked for opportunities in favour of male counterparts. Male responses cited mostly positive or neutral experiences in RA. Seven explicitly acknowledged perceiving female disadvantage and four explicitly stated there were no gender differences. Both genders reported bullying and harassment from surgeons. Women additionally cited RA trainers as perpetrators and reported incidents of sexual harassment. Similar numbers (76%:79% female:male) reported having caring responsibilities but women were more than 2.5x more likely to say it affected their RA career.

Abstract EP029 Figure 1 Word cloud of common words in female free text discussions of experiences in RA