

(aOR) 4.61, 95%CI 1.19-17.77, $p=0.0266$), pre-operative pain score with movement (aOR 1.65, 95%CI 1.03-2.67, $p=0.0385$), anxiety about upcoming surgery (aOR 1.01, 95%CI 0.99-1.04, $p=0.4056$), higher pre-operative Hospital Anxiety and Depression Scale (HADS) subscale on anxiety (aOR 1.21, 95%CI 0.99-1.48, $p=0.0610$), and higher pre-operative central sensitization inventory (CSI) scores (aOR 1.04, 95%CI 0.99-1.10, $p=0.0915$) were associated with an increased risk of postpartum depression. Anticipated pain medication needs was associated with reduced risk of postpartum depression (aOR 0.59, 95%CI 0.31-1.12, $p=0.1041$). Internal cross validation and external validation AUC is 0.80 (95%CI 0.69-0.90) and 0.81 (95%CI 0.71-0.91) respectively.

Conclusions The proposed model performed well in our local population. Further refinement may be necessary to test the proposed model in other clinical settings of different social and cultural contexts.

EP042 SPINAL ANESTHESIA FOR C-SECTION IN A PATIENT WITH HEMOPHILIA A: CASE REPORT

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Background and Aims Hemophilia A is a hereditary coagulation disorder related to congenitally low levels of factor VIII. Although pregnant women with this condition are at risk of bleeding, these values typically rise during pregnancy. Multiple professional societies recommend factor VIII level above 50% for neuraxial approach and delivery.

Methods We report the successful management of a 35-year-old pregnant woman with hemophilia A (pregestational factor VIII values of 30%) undergoing C-section to minimize fetal vaginal trauma. Preoperative factor VIII level was 84%. After multidisciplinary discussion, spinal anesthesia was performed, using levobupivacaine 8mg, sufentanil 2.5µg and morphine 100µg. Standard ASA monitoring was used. Transient hypotension was managed successfully using phenylephrine 100mcg. Tranexamic acid was administered before the procedure and continued postoperatively. Surgery was uneventful and blood loss was estimated at 250mL. Postoperative intravenous analgesia was provided with paracetamol and ketorolac. The patient was transferred to the recovery room and discharged on postoperative day 3, without any complications.

Results Spinal anesthesia is a viable option for pregnant women with hemophilia A who require a C-section. The use of tranexamic acid and neuraxial techniques can help reduce the risk of bleeding, while avoiding general anesthesia. Epidural catheter was not used in this case due to the potential postpartum decreases in factor VIII levels. Adequate preoperative planning and multidisciplinary are crucial in managing these patients.

Conclusions Pregnant women with hemophilia A can safely undergo spinal anesthesia for a C-section with careful management and monitoring of factor VIII levels.

ePoster session 2 – Station 2

EP043 COMPARISON OF EFFICACY OF ULTRASOUND GUIDED THORACIC PARAVERTEBRAL BLOCK (TPVB) WITH COMBINED PECTORAL NERVE BLOCK (PEC) AND PECTO-INTERCOSTAL FASCIAL BLOCK (PICF) FOR PERIOPERATIVE ANALGESIA IN MODIFIED RADICAL MASTECTOMY: A RANDOMISED CONTROL TRIAL

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Background and Aims TPVB is considered the gold standard for breast surgery but is associated with complications. Though PEC block has been used with good results, it spares the medial part of the breast. PIFB targets the anterior cutaneous branch of the intercostal nerve, which supplies the medial aspect of breast. We hypothesised that USG guided combined pectoral nerve block and pecto intercostal fascial block will provide better perioperative analgesia and less adverse effects in MRM patients as compared to paravertebral block.

Methods 30 ASA I and II patients posted for MRM under general anaesthesia were included in this double blinded RCT. Patients in Group A received US guided TPVB, whereas Group B received a combined PEC with PICF block. Post-operatively patients were administered intravenous morphine via patient-controlled analgesia (PCA) pump. Time to first rescue analgesia, total opioid consumption, NRS at various time intervals, Total rescue dose required, Patient satisfaction score were noted.

Results There was no difference in intraoperative opioid consumption. The time to first rescue analgesia was more in TPVB group (GA 673 min +/- 496) than PEC-PICF group. (GB 518 min +/-413). P value:0.18. The 24-hour opioid consumption (162+/-41.7mcg Vs 149+/-44.5mcg), median NRS scores (GA Rest2/Motion2 Vs GB Rest2/Motion3) and patient satisfaction (GA 2.6 vs GB 2.8) was similar in both the groups. There was no adverse effects in either groups. (vascular puncture, pneumothorax, vomiting).

Conclusions PECS block provides similar analgesia in terms of 24 hours opioid consumption, NRS scores and PSS in MRM patients. Further increase in sample size will validate our results.

EP044 COMPARISON OF ULTRASOUND GUIDED BILATERAL INTERMEDIATE CERVICAL PLEXUS BLOCK AND SUPERFICIAL CERVICAL PLEXUS BLOCK IN PATIENTS UNDERGOING THYROID SURGERY UNDER GENERAL ANAESTHESIA

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