methodologies used in the published studies comparing rectus sheath and epidural analgesia and the majority are non-randomised observational studies. Some of the studies suggest that rectus sheath analgesia is less effective than epidural analgesia when assessed with post-operative pain scores and the need for additional opiate analgesia. Others suggest that rectus sheath analgesia gives equivalent pain relief to epidural anaesthesia. Some of the studies show that patients receiving rectus sheath analgesia mobilise quicker than those receiving epidural analgesia.

Results All the studies emphasise that rectus sheath analgesia is safer than epidural anaesthesia as it avoids the major complications that can occur with epidural anaesthesia, which include post-operative hypotension leading to anastomotic leakage, epidural haematoma, and epidural abscess formation. The literature shows that complications from rectus sheath analgesia are extremely rare.

Conclusions This systematic review has shown that although further prospective randomised studies are required, rectus sheath analgesia is safe and effective and should be used in preference to epidural analgesia in most patients undergoing laparotomy via midline incision.

ePoster session 2 – Station 6

**EP067** SPECIFIC FEATURES SEDATION FOR REGIONAL ANESTHESIA DURING CESAREAN SECTION WITH SEVERE CORONAVIRUS PNEUMONIA

1Evgeny Oreshnikov*, 2Svetlana Oreshnikova, 3Evgeniy Vasileva, 4Denisova Tamara, 5Svetlana Oreshnikova, 6Anesthesiology and Intensive Care, Chuvash State University, Cheboksary, Russia; 7Obstetrics and gynecology, Chevash State University, Cheboksary, Russia; 8Internal Medicine, Chuvash State University, Cheboksary, Russia

Background and Aims Spinal and Epidural anesthesia (SA, EA) is the main type of anesthesia for caesarean section (SC). COVID-19 pneumonia which complicates the course of pregnancy, requires a rational choice of sedation and respiratory support to ensure SA and EA.

Methods The safe conduct of SA or EA was ensured by the temporary discontinuation of the use of heparinoids in the perioperative period. SA or EA was performed exclusively in the sitting position, then the patient was transferred to the horizontal position with the head end elevated by 30-45 degrees (depending on the needs). Respiratory support was used at all stages of preparation, performance, and administration of anesthesia: high-flow oxygenation (HFO) through nasal cannula or face mask, and non-invasive mechanical lung ventilation through the face mask. Maintenance of normotension was provided by intravenous bolus doses of phenylephrine. Sedation was provided by intravenous bolus doses of propofol or ketamine.

Results The above-described features of SA/EA were used by us during CS in 60 women in labor with severe coronavirus pneumonia. Compliance with the characteristics of SA/EA for CS by coronavirus pneumonia was expressed in the following: 1) half sitting at all stages of the perioperative period; 2) constant respiratory support, mainly HFO; 3) early transfer to the pron-position in the postoperative period; 4) predominant use 25-50-75 mg ketamine (not propofol!) for sedation. This approach ensured that there was no need to use general anesthesia for CS.

Conclusions Supplemented with HFO, ketamine, half-sitting SA or EA is the method of choice for CS in labor with severe coronavirus pneumonia.

**EP068** CROSS-SECTIONAL STUDY IN THE PREVALENCE OF LOW BACK PAIN EXPERIENCED AFTER DELIVERY WITH AND WITHOUT EPIDURAL ANALGESIA

Jennifer Dueñas*, Christina Carbajal, Luz Contreras, Esmeralda J Blanco R. Universidad Autonoma de Guadalajara, Zapopan, Mexico

Background and Aims Epidural anesthesia has been optimal for pain management in obstetric anesthesia for over 20 years. This anesthetic is placed between L3-L4 of the lumbar region, it allows expecting mothers to be anesthetized from the lower back to the upper portion of the legs. Spinal nerves are numbed which blocks the pain signals, but pressure sensation is present. Through various research studies, it has come to light that women have suffered from lower back pain post-delivery. Our goal is to determine the correlation between epidural anesthetic and chronic lower back pain in women who have given birth.

Methods Cross sectional study comparing data presented in six different studies ranging from 1990 through 2019. Studies were selected using The National Library of Medicine media sources. Sources used had more than 6,000 patients total and also included criteria that evaluated the presence of an epidural and pain patients felt in the lower back. Excluded from these studies were time frames in which results from surveys for back pain were obtained vary significantly between studies.

Results Based on the obtained data from previous research studies, it cannot be determined if an epidural is the main cause of lower back pains in women postpartum. The graphs demonstrate no significant difference between women who had an epidural and those that did not receive an epidural.