Methods Pre-implementation questionnaire to nursing staff (theatre, recovery, post-operative ward). Nursing education provided via a PowerPoint presentation and posters. Trial of RA-AB for 2 months which included inclusion of bracelet placement at WHO checkout with a verbal hand over of time to straight leg raise between nursing teams. Post-implementation questionnaire.

Results We demonstrated a 3-fold improvement in recovery staff knowledge regarding the serious complications following a central neuroaxial block along with qualitative feedback that RA-UK increased patient safety and improved communication.

Conclusions We have demonstrated that the RA-AB increases staff knowledge of serious neurological complications after neuraxial block in the non-obstetric population. This population is more heterogeneous and challenging than the obstetric population. Empowering nursing staff through education is of the utmost importance to the success of this project. The updated toolkit provides similar branding and infographics to hopefully allow the RA-AB to become synonymous with best practice in regional anaesthesia.
that day. The venous cerebral CT scan revealed a ‘thin subdural hematic lamina’, with no other significant findings. She was evaluated by Ophthalmology and Neurology, who considered the IHPEBP to be the most likely cause of the headache.

Conclusions

The IHPEBP is a rare condition that has been underrecognized in the literature. The lack of more widespread recognition of this condition is probably caused by a superficial similarity of presenting features: headache is the predominant symptom experienced by patients with IHPEBP and patients with PDPH. For a correct differential diagnosis, additional diagnostic tests and a multidisciplinary discussion should be considered. Lack of familiarity with this complication can result in misdiagnosis.

Background and Aims

Vaginismus is a condition characterized by an aversion to vaginal penetration due to actual or anticipated pain. This can pose challenges during pregnancy and delivery.

Methods

We report a case of a 25-year-old pregnant woman from Bangladesh with severe vaginismus admitted in the labor unit for induction at 41 weeks of gestation. It should be noted that the patient wished to experience a eutocic delivery. Therefore, induction was initiated with endovaginal prostaglandin under fetal monitoring, despite the background. A few hours later, the patient started to develop contractions and did not tolerate further obstetric evaluations due to severe pain on vaginal examination. After a multidisciplinary discussion, we decided to proceed with epidural anesthesia before any further examinations. Ropivacaine 0.5% was used to produce analgesia and motor blockade at S2-S4 level to reduce spasmig. The remaining vaginal evaluations were uneventful. A trial of vaginal labor was attempted, but eventually induction failure was presumed, and the patient underwent cesarean section under epidural anesthesia. Postoperative analgesia included intravenous paracetamol and ketorolac and fixed epidural boluses of ropivacaine. Maternal and fetal outcomes were favorable, and the parturient reported satisfaction with the adopted approach. Recent improvements in labor epidural analgesia have prioritized pain relief without motor blockade. Vaginismus increases the risk of requiring instrumentation, or cesarean delivery, as well as perineal and vaginal trauma.

Conclusions

Early epidural analgesia with some degree of motor blockade can be a valid approach in the management of the laboring woman with vaginismus, facilitating vaginal delivery, reducing complications, and ensuring patient satisfaction.