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.

Background and Aims Intracranial hypertension is a serious complication after an epidural blood patch to treat post dural puncture headache (PDPH). The authors describe a clinical case of intracranial hypertension post epidural blood patch (IHPEBP) to highlight the importance of the differential diagnosis of PDPH after performing a neuraxial technique.

Methods 33-years old female, ASA II, admitted for elective cesarean section (CS). The procedure was uneventful under anesthetic combined spinal-epidural technique. There was no background history of gestational hypertension, neurological pathology, vascular malformations or cranioencephalic trauma. At 24h post CS, the patient presented a frontal and occipital headache at orthostatism, buzzing and photophobia, unresponsive to conservative analgesic. At 72h post CS, the symptoms persisted, and an epidural blood-patch was performed, uneventful and with immediate relief of symptoms. Patient was discharged the day after.

Results Four days after hospital discharge, the patient returned to the emergency department, presenting headache relapse, without postural influence and visual disorders, with onset on
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 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 spasming. 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.