

technique. Ten minutes later, the patient became agitated, referring general discomfort, blurred vision, perioral numbness and metallic flavour. She became progressively more lethargic and less responsive to stimulus. She became bradycardic and with high blood pressure. LAST treatment was immediately started according to our hospital's protocol. After stabilization, she was admitted to anaesthetic post-care unit for surveillance and treatment of eventual complications. The symptoms progressively disappeared and she was discharged on the day after.

Conclusions Despite ultrasound technique may increase safety compared with landmark block technique, the risk of vascular injection is not completely abolished.³ The anatomical inter-individual differences of brachial plexus vascularization could be the major factor for reported LAST cases after this approach.

29 POSTOPERATIVE DELIRIUM: A SURGEON'S DILEMMA

R Khandelwal*. *AHPGIC, Cuttack, India*

10.1136/rapm-2021-ESRA.29

Background and Aims Iatrogenic meningitis following spinal anesthesia is rare but serious complication which can perplex the surgeon. The diagnosis of iatrogenic meningitis is difficult in the usual setting. As, all post-operative complications are directly targeted at the surgeon, this one too puts the surgeon in a challenging situation. It at times becomes difficult to explain to the relatives the cause of the patient's condition.

Methods A 49 year female attended the OPD for complain of post menopausal bleeding since 3 months. Her ultrasound report showed an endometrial thickness of 11 mm with slightly enlarged uterus. An office endometrial biopsy (EB) was done. The EB report was suggestive of simple hyperplasia without any atypia. So, considering her symptoms she was planned for vaginal hysterectomy and, pre-anaesthetic clearance was obtained. Eight hours following the surgery, the patient was found to be somnolent and confused.

Results Post-spinal meningitis should be considered in differential diagnosis of patients having post-spinal headache, convulsions and changes in mental status. Its etiology includes failure of aseptic techniques, presence of asymptomatic bacteremia, contamination during puncture through microscopic bleeding and possibility of aseptic chemical meningitis.

Conclusions The diagnosis of post-spinal aseptic meningitis caused probably by the hyperbaric bupivacaine injected in the subarachnoid space was made and this should alert surgeon and anesthesiologist about the possible but rare consequences of spinal anesthesia. We believe that the rarity of this complication necessitates health care providers all over the world to share such cases for early diagnosis and for instituting proper care to such patients.

30 CASE REPORT: IMPORTANT CONSIDERATIONS FOR NEURAXIAL ANAESTHESIA IN THE MULTIDISCIPLINARY MANAGEMENT OF THE PATIENT WITH PLACENTA ACCRETA

S Chan*, R James. *Royal Victoria Hospital, Belfast, UK*

10.1136/rapm-2021-ESRA.30

Background and Aims Placenta accreta is a spectrum disorder ranging from abnormally adherent to deeply invasive placental tissue. It is frequently associated with major obstetric haemorrhage. Multidisciplinary planning is vital in optimising maternal and fetal outcomes. In this case report, we describe some important considerations for the anaesthetist planning the use of neuraxial techniques for prophylactic procedures prior to caesarean section. Awareness of the limitations of patient positioning for these procedures is required in order to avoid difficulties in administering neuraxial blockade. In particular, the need to avoid hip flexion following iliac artery balloon insertion can hinder subsequent patient positioning for spinal or epidural anaesthesia.

Methods Case report and review of the literature.

Results A 47 year old parturient with placenta accreta, possibly invading the cervix and bladder serosa, presented for elective caesarean section. Prophylactic measures to reduce the risk of major haemorrhage began with radiological iliac artery occlusion balloon insertion under local anaesthetic. Thereafter, she underwent spinal anaesthesia to facilitate cystoscopy and prophylactic bilateral ureteric stent insertion. However, due to the need to avoid hip flexion and the risk of dislodging the balloon catheters, these procedures had to be carried out with the patient in a suboptimal position. The intrathecal block was administered with the patient in the left lateral position, without any hip or knee flexion, increasing technical difficulty. We discuss the implications of this and possible solutions.

Conclusions Multidisciplinary planning can help avoid potential pitfalls in administering neuraxial techniques to patients with placenta accreta undergoing multiple prophylactic procedures.

31 REGIONAL ANAESTHESIA MANAGEMENT OF A TRAUMA PATIENT WITH UPPER AND LOWER EXTREMITY INJURIES

¹M Georgiou*, ¹E Xynis, ²S Coppens. ¹Nicosia General Hospital, Nicosia, Cyprus; ²University Hospitals, Leuven, Belgium

10.1136/rapm-2021-ESRA.31

Background and Aims Regional anaesthesia remains an essential part of perioperative care. Along with excellent pain control it reduces opioid need while diminishing stress response. Despite these obvious advantages, regional anaesthesia is often underutilized in trauma patients. This is due to time management issues as well as fear of complications like masking of compartment syndrome and nerve damage. We present a case of multiple trauma patient with upper and lower extremity injuries managed solely with regional anaesthesia and sedation.

Methods 47-year-old male 75 kg presented to the emergency department after a motorcycle accident with fractures of the left femur, pelvis, right tibia and left wrist. Further radiological results were negative. The patient showed signs of upper respiratory tract infection. The perioperative plan incorporating regional anaesthesia was consented.

Results Combined spinal epidural anaesthesia was initiated for surgery of lower extremity injuries. Additionally, an infraclavicular block was performed for anaesthesia of wrist fracture. Sedation with propofol and ketamine aided with protracted operative time. The procedure was further uneventful.

Conclusions Trauma patients are more prone to long term opioid dependence. Therefore sparing opioid use and