

presyncope related to a pain procedure during this timeframe and 94 controls with matching demographic features.

Results The multivariable analysis showed that a higher systolic blood pressure per-procedure was significantly associated with lower odds of having vasovagal syncope.

An adequate dose of a vasopressor like ephedrine can be used to prevent a vasovagal event from happening.

In our study the blood pressure component was more significant than the heart rate component which stayed in the normal range limit in the three different periods of the procedure.

Cases having a pain procedure for the first time represent 59.6% of the occurrence of VVS.

Conclusions Enduring an interventional procedure combines both physiological and psychological challenges. Our study suggests taking preventive measures for patients with first time infiltration status especially if appearing in an anxious state.

62 POSTOPERATIVE NEUROLOGIC LESIONS: WHO'S THE ONE TO BLAME?

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Background and Aims Etiologic evaluation of postoperative neurologic lesions after regional techniques can be challenging. We present a case of a neurologic lesion after a gynecologic procedure under combined epidural and general anesthesia.

Methods Forty-one-year-old female, ASA I, scheduled for abdominal hysterectomy. Epidural catheter was placed before surgery at L3-L4: linear and atraumatic technique, without pain/paresthesia and a negative 0.375% ropivacaine test dose. The surgery lasted 2h in supine position. Gosset retractors were used.

In postoperative care unit, a 0.2% ropivacaine bolus (10 ml) was performed and 0.16% ropivacaine epidural perfusion (5.2 ml/h) was connected. Motor block at discharge: Bromage II.

Results Twenty-four-hours after surgery epidural perfusion was stopped due to proximal right inferior limb paresthesia and hemiparesis. These complaints persisted and a formal neurological evaluation was performed, documenting decrease segmental strength and allodynia at L3-L4 distribution and hypoesthesia at L5 dermatome.

Radiologic evaluation (head/lumbar spine CT and MRI) excluded acute complications. Electromyography revealed decreased motor response on right femoral nerve territory: absent motor activity on vastus-medialis and rectus-femoris muscles; mild signs of active denervation.

Physical rehabilitation resulted in progressive improvement of motor deficit. Two months after, hypoesthesia of L2-L4 territory persisted.

Conclusions Radiculopathy is a complication of 2.19/10000 epidurals. It can be a consequence of mechanical lesions or neurotoxicity. With a linear epidural technique and normal imaging, the first seems unlikely, but neurotoxicity cannot be excluded. On the other hand, the use of static retractors can cause mechanical or ischemic femoral nerve lesions. Regardless of the etiology, early recognition and implementation of motor rehabilitation programs are crucial.

63 COMBINED THORACIC SPINAL EPIDURAL ANESTHESIA FOR LAPAROSCOPIC SLEEVE GASTRECTOMY; ONE HUNDRED CASES EXPERIENCE

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Background and Aims Obesity is a growingly impacting human health. Laparoscopic sleeve gastrectomy is one of successful management procedures for morbid obesity. However, general anesthesia (GA) used in this major surgery has its documented drawbacks in such patients with high risk. Combined thoracic spinal epidural anesthesia (CTSEA), a modern regional anesthesia procedure, has the advantages of both spinal and epidural anesthesia, with the avoidance of their shortcomings. Aim of the study: This study is a case experience to assess the feasibility of CTSEA as an anesthesia option for LSG.

Methods 100 patients recruited for LSG as a management procedure of morbid obesity were performed under CTSEA. Peri-operative events, functional parameters and patients satisfaction scores were recorded

Results Our study showed successful use of CTSEA in 91% of the patients, one patient (1%) was converted to GA due to severe pain and anxiety. Few adverse events occurred, and they were managed accordingly. Satisfaction score revealed that 94% of the patients were satisfied.

Conclusions CTSEA was successful anesthetic alternative procedure for LSG surgery.

64 PNEUMOCEPHALUS A RARE COMPLICATION AFTER COMBINED SPINAL EPIDURAL ANAESTHESIA

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Background and Aims Aim – Discuss a case report of pneumocephalus which is a rare complication after combined spinal epidural anaesthesia (CSE). Background – A 21 years old female P2L2 presented with complaint of abdominal pain. NCCT Abdomen suggested that intrauterine copper containing device (CuT) is in pelvic cavity not in uterine cavity. She was diagnosed with misplaced CuT and planned for laparotomy under CSE anaesthesia.

Methods We retrospectively reviewed a case of a 21 years old female P2L2 with misplaced CuT and planned for laparotomy under CSE anaesthesia. Intraoperatively she was prepared for CSE in sitting position in L3-L4 space. Epidural space was identified with loss of resistance to air in syringe method. On puncture of dura with spinal needle patient started complaining of a sudden severe headache and vomiting. Procedure was abandoned and deferred for post evaluation.

Results Post operatively in CT head subdural air collection was seen in bilateral frontal right more than left with extension into falx, multiple air pockets in left side of cerebellar left temporal and bilateral occipital and parietal region suggestive of pneumocephalus.

Conclusions Pneumocephalus is a rare complication after CSE. The possible entry of air in subarachnoid space by displacement of epidural needle from epidural space to subarachnoid space could be while checking loss of resistance through air in syringe method or when spinal needle was inserted through epidural needle or when the stylet had been withdrawn from

spinal needle. The appearance of neurologic symptoms like sudden headache in patients undergoing epidural or spinal anaesthesia suggests the possibility of pneumocephalus.

65 TAYLOR'S APPROACH TO SUBARACHNOID BLOCK IN AN ELDERLY PATIENT: A SOLUTION AFTER FAILED CONVENTIONAL APPROACH

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Background and Aims The execution of spinal anesthesia in elderly patients can be difficult due to several anatomical degenerative alterations.

Taylor's approach for neuraxial anesthesia is a safe, yet rarely used, alternative with a high success rate and might be useful specially in elderly.

Methods A 92-year-old female patient, ASA III, was scheduled for an urgent dynamic hip screw after left trochanteric fracture. After obtaining informed consent, an ultrasound-guided fascia Iliaca block was performed with 30 ml of 0,25% Levobupivacaine.

Subarachnoid block, using 27G and 25G Quincke® needle, with the median and paramedian approach was attempted unsuccessfully by two anesthetists at the level of L2-L3, L3-L4 and L4-L5 as the needle hit bone in all directions.

We decided one last attempt using Taylor's approach and the spinal needle was inserted in a cephalo-medial direction, 1 cm medial and 1 cm caudally to the Posterior Superior Iliac Spine, the L5-S1 space was targeted and cerebrospinal fluid was obtained.

Results A satisfactory spinal block was achieved, which allowed surgery to proceed without complications. Patient's hemodynamics were stable throughout the entire procedure and no adverse events were registered in the intraoperative nor post-operative period.

Conclusions The L5-S1 intervertebral space is usually the biggest one and targeting it (Taylor's approach) might be useful in patients with degenerative changes as it may present an easier way to reach the subarachnoid space.

66 SPINAL ANESTHESIA IN LAPAROSCOPIC CHOLECYSTECTOMY IN A PATIENT WITH CONGESTIVE HEART FAILURE WITH REDUCED EJECTION FRACTION

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Background and Aims Laparoscopic cholecystectomy (LC) is relatively common procedure which is generally performed under general anesthesia. However in some specific cases, regional anesthesia can be considered as a good choice for patients who are poor candidates for general anesthesia due to comorbidities. In this case we present laparoscopic cholecystectomy under spinal anesthesia successfully performed in patient with anesthetic problems include HFrEF and COPD

Methods A 68-year old, ASA III male patient underwent laparoscopic cholecystectomy. He had been diagnosed COPD, and heart failure with ACC/AHA stage III, NYHA score IIIa. He is



Abstract 66 Figure 1

former smoker and overweighted. He had coronary revascularization 10 years ago. In echocardiography septal hypokinesia, left ventricle dilation with 3,8*1,6 cm thrombus in anterior wall of left ventricle. EF was 33%. On ECG heart rate was 78 bpm with Q wave and negative T wave on V3-V6 leads. Cardiology consultation reported a postoperative risk of 7% based on modified Goldman cardiac risk criteria.

Results Upon arrival at the operating room routine monitoring was established. Patient sat upright position and 27G spinal needle was used to enter the subarachnoid space at the T10-T11 intervertebral space under complete aseptic technique. Hyperbaric bupivacaine 0.5% 2 ml, 0.005% 0.4 ml was injected so that a sensory loss up to T3 dermatome was achieved. LC was smooth and uneventful

Conclusions Patients with very low EF% are considered to be high risk for general anesthesia due to irregular heartbeat. Spinal anesthesia can be safe anesthetic method to be used in patient with advanced cardiopulmonary disease by experienced and qualified anesthesiology team.

67 SUBARACHNOID BLOCK WITH LUMBAR ULTRASOUND IN GERIATRIC PATIENTS: PRELIMINARY STUDY RESULTS

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Background and Aims We aimed to evaluate the benefit of lumbar ultrasonography in predicting the needle depth before the block and determining the most appropriate entry point in geriatric patients.

Methods Twenty geriatric patients who were to undergo TUR-P/M operation with subarachnoid block were received to study after hospital ethics committee. Lumbar ultrasonography was performed to determine the L3-L5 interspinous space by same anesthesiologist in sitting position. The distances between skin-subdural distance were measured in both sagittal and transverse planes. The distance reached by needle after procedure and the duration of procedure were measured.

Results The mean age of the patients was 69.4, height 166.1 cm, and weight 73.9 kg. Thirteen were men and seven were women. Twelve patients with ASA-II, 8 patients with ASA-III. The probe was used as transverse in half of the patients and sagittal in half. The procedure time was 3.3, the distance measured by USG was 5.09cm, and the applied needle distance was 5.66cm. The results were considered to be correlated between the distance measured by USG and the distance measured with the needle. There was no difference between