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THE STUDY OF THE SENSOR BLOCK DURING LABOR ANALGESIA: PROGRAMMED INTERMITTENT EPIDURAL BOLUSES (PIEB) VERSUS CONTINUOUS EPIDURAL INFUSION (CEI)

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Background and Aims Randomized trials show that the use of the PIEB reduce the frequency of the motor block, fewer manual boluses and provides greater maternal satisfaction compared to CEI.

The aim of study was to compare the dynamics of the sensory block of PIEB+PCEA to CEI+PCEA for maintenance labor analgesia.

Methods We studied 70 subjects. The level of the sensor block evaluated the «pin-prick» test. All parturients divided into 2 groups:

4 – loading dose of levobupivacaine 0.125% – 10.0 ml, then CEI (0.0625% – 15 ml/hour) + PCEA (0.0625% – 10.0 ml every 20’);

5 – loading dose of levobupivacaine 0.125% – 10.0 ml, then PIEB (0.0625% – 9.0 ml every 45 ‘) + PCEA (0.0625% – 10.0 ml every 10’).

Results The results indicate that in the PIEB group, the level of sensory block in patients was higher after 15 minutes the start of analgesia and remained so until the end of the observation period (median PIEB Th5 versus Th8 in the CEI group, (p <0.0004). When cervical dilation full (II stage), the intervals and distributions of the sensor block level in the CEI and PIEB groups completely diverge (p <0.00001). The median and peak frequency of the sensor block level in the CEI group are at Th9, while the same statistics in the PIEB group are Th6.

Conclusions PIEB + PCEA technique maintained a consistently high level of sensor block throughout the study compared to PCEA + CEI, which ensured effective analgesia in the first and second stages of labor.

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QUESTIONNAIRE SURVEY OF SATISFACTION WITH LABOUR NEURAXIAL ANALGESIA

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Background and Aims Neuraxial analgesia for labour has become common practice in developed countries. The aim of this study was to evaluate the degree of satisfaction with neuraxial analgesia during labour in our institution which is requested by more than 80% of women.

Methods We conducted a retrospective questionnaire survey to women up to 3 days after delivery, between July and September 2020. The primary outcome was the degree of satisfaction (using a numeric rating scale from 0 to 10). Secondary outcomes were pain relief (using a numeric rating scale from 0 to 10), side effects and reasons not to use neuraxial analgesia. Statistical analysis was performed using SPSS® software (version 22).

Results A total of 232 women answered the questionnaire, of which 47.4% had a combined spinal-epidural technique,

44.4% epidural, 0.4% spinal and 7.8% did not have neuraxial analgesia. The median degree of satisfaction was 10 [9;10]. Pain after the technique reduced from a median of 9 [7;10] to 0 [0;2]. Side effects and other complaints are shown in figure 1. Main reasons not to use neuraxial analgesia were neuraxial analgesia not being offered due to complete dilation on admission (66.7%), tolerance to labour pain (16.7%) and previous unsatisfactory labour neuraxial analgesia (5.6%). About

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Correio eletrónico e PMP

Assunto: Inquérito de satisfação da analgesia epidural de trabalho de parto

Exma. Senhora Dr.ª Sofia Almeida Carvalho,

No seguimento da submissão a este Hospital do estudo melhor identificado em epígrafe, no qual V. Exa participa na qualidade de Investigador Principal, temos o prazer de informar que a Comissão de Ética para a Saúde (CES) do HBA considera asseguradas as questões éticas relacionadas com a realização do estudo, pelo que deliberou a sua aprovação em reunião extraordinária do dia 25 de fevereiro do corrente ano.

Com os nossos melhores cumprimentos,

A Presidente da Comissão de Ética para a Saúde do HBA

Maria João Heitor

Abstract 105 Figure 1

Abstract 105 Figure 2

2.3% would not request neuraxial analgesia in a next pregnancy.

Conclusions In our sample, there was a high adherence to neuraxial analgesia (92.2%), with an even distribution between epidural and combined spinal-epidural techniques. Even with minor side effects, mainly pruritus, most women were satisfied and 97.7% would request neuraxial analgesia again.

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TIME TO EXPAND THE DIAGNOSTIC AND INTERVENTIONAL USES OF ULTRASOUND IN OBSTETRIC ANAESTHESIA – INTRODUCING A HOLISTIC COURSE AT A LONDON TERTIARY OBSTETRIC HOSPITAL

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Background and Aims Ultrasound use is expanding our anaesthetic practice in obstetrics for both diagnostic and interventional purposes. These include scans for central neuraxial blockade, truncal blockade and finally focussed point-of-care ultrasound scans (POCUS). We aimed to design and deliver a practical course to enhance knowledge and skills in these areas.

Abstract 106 Table 1 Course contents

Lectures	Workshops
US guided Central Neuraxial blockade	
Truncal blocks – US guided TAP & QL blocks	
POCUS - Cardiac	
POCUS - Airway & lungs	
Focussed Assessment with sonography for trauma (FAST) scanning	
Anticoagulants in regional anaesthesia	
Updates/ Complications of regional anaesthesia

Abstract 106 Figure 1 Training grades of course candidates

Abstract 106 Figure 2 Hospitals of course candidates

Methods Our course consisted of a series of lectures and corresponding small-group workshops which covered the topics in table 1.

The course included candidates of all training grades in the UK (figure 1).

Candidates represented eight large NHS Trusts in South East England (figure 2).

Results We achieved a 100% response rate to our post-course evaluation survey (18/18). All attendees gave global positive feedback about our multi-dimensional educational tool for the use of this technology in obstetric anaesthesia. The majority of candidates expressed more interest in workshops and hands-on training.

Conclusions Ultrasound technology is enriching obstetric anaesthesia with diagnostic and interventional techniques which are invaluable for parturients with multiple comorbidities or trauma victims. National anaesthetic training programme in the UK training modules for obstetric anaesthesia should strive to recognise the use of ultrasound as an integral part of this complex subspecialty.

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COMPARING ULTRASOUND TO BODY MASS INDEX FOR MEASUREMENT OF DURAL DEPTH

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Background and Aims Measuring the distance from the skin to posterior dura (SPD) before lumbar epidural placement may prevent accidental dural puncture.¹ This study compares the accuracy of measurement of SPD using ultrasound versus body mass index (BMI) in obstetric patients.

Methods An anonymous retrospective data of pre-procedural ultrasound and intraprocedural Tuohy needle measurements of SPD were collected from anaesthetic charts of thirty parturient with varying gestational stages, maternal age and ethnicity, all had received lumbar epidurals for labour analgesia using 18G Tuohy needle and loss of resistance to saline. Then, using the documented patient's BMI the SPD was calculated using the general regression equation ($Y = 2.52 + 0.11 \text{ BMI}$).² The accuracy of measurement of SPD for the two groups: Ultrasound SPD versus BMI SPD compared to the Touhy needle SPD was analysed using Wilcoxon signed-rank test. Ethics approval is not required as per NHS Greater Glasgow and Clyde policy.