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.