neuroimaging (brain and neuroaxial) are advisable, especially if the patient develops any neurological symptoms.

113 AXILLARY BRANCHIAL PLEXUS BLOCK IN A WOMAN AT 34 WEEKS OF GESTATION FOR NON-OBSTETRIC DAY- SURGERY – A CASE REPORT

E Nikouli, G Karras*, V Koutsis, F Arampatzidou, B Kiamiloglou. *'Sismanogleion' General Hospital of Komotini, Komotini, Greece*

10.1136/rapm-2021-ESRA.113

Background and Aims We report an axillary branchial plexus block for surgical anaesthesia in a third-trimester parturient without other comorbidities. The 30-year-old woman (34 weeks) was scheduled for external fixation of her Colles' fracture (left) after a ground-level fall. The patient consented to the proposed awake regional block technique instead of general anaesthesia.
Methods We performed a multiple-injection peripheral nerve stimulation (PNS) technique with 0.5% ropivacaine 30 mL, 1% lidocaine 10 mL, with 1:400.000 epinephrine as intravascular marker. The patient was placed in left lateral decubitus position with the arm to be blocked placed at a right angle to the body and the elbow flexed to 90 degrees. Skin anesthesia was also applied for the placement of an arm tourniquet. Standard monitoring was placed, supplemental oxygen was administered, baseline fetal heart rate was obtained by our obstetrical colleague. No sedatives or analgesics were administered during either procedure.
Results Our block was well tolerated and produced reliable and adequate anaesthesia during the 50-minute surgical procedure. No respiratory compromise was observed. The block lasted approximately 10h and no pain was reported for 6h. In post-anaesthesia care unit, she had normal respiration, she did not complain about pain, and our obstetric colleagues reassessed the fetal heart rate without any new concerns. The patient was discharged the next day.
Conclusions We successfully performed adequate regional anaesthesia, using a reliable and safe technique, avoiding hemidiaphragm paralysis. This non-obstetric surgery in the parturient amplified the necessity of neuraxial anaesthesia, as branchial plexus block can be ideal for upper extremity pathology.

114 PHEOCHROMOCYTOMA AND C-SECTION – IS REGIONAL ANAESTHESIA THE SOLUTION FOR THIS DANGEROUS COMBINATION?

LA Montenegro Ledo, TR Alves Martins*, AR Santos Almeida Silva, MP Sanches Lucas, EC Pereira. *Hospital Garcia de Orta, Almada, Portugal*

10.1136/rapm-2021-ESRA.114

Background and Aims Pheochromocytoma is a rare cause of hypertension during pregnancy, but it is one of the most threatening medical conditions for mother and fetus. Anaesthetic management for C-section is challenging because it is associated with serious cardiovascular complications.

We report a successful case of c-section under combined spinal-epidural (CSE) anaesthesia in a pregnant patient with a pheocromocytoma.
Methods A 32 weeks pregnant women was referred to our hospital with persistently uncontrolled hypertension. During investigation, an abdominal MRI revealed a right-sided suprarenal mass suggesting a pheochromocytoma. Plasma and urine metanephrines were increased, confirming the diagnosis. The remain study showed normal results.

At a multidisciplinary consultation was decided to do surgical resection of pheochromocytoma after elective C-section at 36th week.

Preoperative medical preparation included α-blockade (doxazocin), beta-blockade (propranolol) and normalization of intravascular volume (high sodium diet).
Results Before induction, a central vein and artery were cannulated for hemodynamic monitoring.

A CSE anaesthesia was performed to minimize hypertensive crises. At subarachnoid space, it was administered 11 mg of hyperbaric bupivacaine and 3 mcg of sufentanyl. Rapid co-filling with 1 l of ringer lactate, under pressure, was administer. Adequate anaesthesia level was guaranteed and patient remained hemodynamically stable, without need of vasoactive drugs. No intercurrences were recorded.

Multimodal analgesia was prescribed for post-operative period with epidural patient control analgesia.
Conclusions Meticulous anaesthetic management is crucial and the choice of anaesthetic technique plays a decisive role in outcome of patient.

Regional anaesthesia presented as an effective technique either in blunt surgical stress and to provide post-operative analgesia.

115 QUESTIONNAIRE SURVEY OF SATISFACTION WITH LABOUR NEURAXIAL ANALGESIA – COMBINED VERSUS EPIDURAL

S Carvalho, A Carrão, I Ferraz*, C Castanheira, M Ghira. *Hospital Beatriz Ângelo, Loures, Portugal*

10.1136/rapm-2021-ESRA.115

Background and Aims Both combined spinal-epidural and epidural techniques are shown to provide effective pain relief during labour and there appears to be little basis for offering one technique over the other. The aim of this study was to evaluate if there is any difference between the techniques regarding overall maternal satisfaction.
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 (with a numeric rating scale from 0 to 10). Secondary outcomes were pain relief (with a numeric rating scale from 0 to 10) and side effects. Outcomes after labour analgesia with epidural were compared with combined spinal-epidural technique. Statistical analysis was performed using SPSS® software (version 22).
Results A total of 213 women answered the questionnaire, of which 51.6% had a combined spinal-epidural and 48.4% epidural technique. The median degree of satisfaction was 10 [9;10] after combined spinal-epidural and 10 [8;10] after epidural (p-value <0,05; figure 1). Pain relief was higher after combined spinal-epidural (p-value <0,05; figure 2), despite an incidence of pruritus of 60% compared with 42% after epidural (p-value <0,05). About 49% of women reported no side effects after epidural versus 31% after combined spinal-

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Exma. Senhora

Dra. Sofia Almeida Carvalho

Médica Interna de Formação Específica no Serviço de Anestesiologia do Hospital Beatriz Ângelo

Loures, 26 de fevereiro de 2021

***N/Ref.*ª** *3569/2021_MJHE-mal/NO*

Estudo HBA *n.º 0550*

Correio eletrónico e *PMP*

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

Exma. Senhora Dr.ª Sofia Almeida Carvalho,

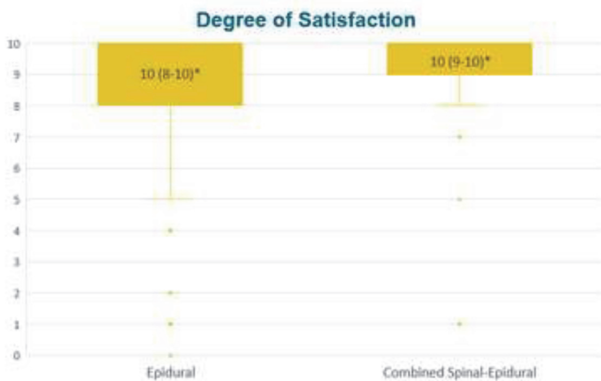
No seguimento da submissão a este Hospital do estudo melhor identificado em epígrafe, no qual V. Exa. participa na qualidade de Investigador Principal, temos o prazer de informar que a Comissão de Ética para a Saúde (CES) do HBA considera asseguradas as questões éticas relacionadas com a realização do estudo, pelo que deliberou a sua aprovação em reunião extraordinária do dia 26 de fevereiro do corrente ano.

Com os nossos melhores cumprimentos,

A Presidente da Comissão de Ética para a Saúde do HBA

Maria João Heitor

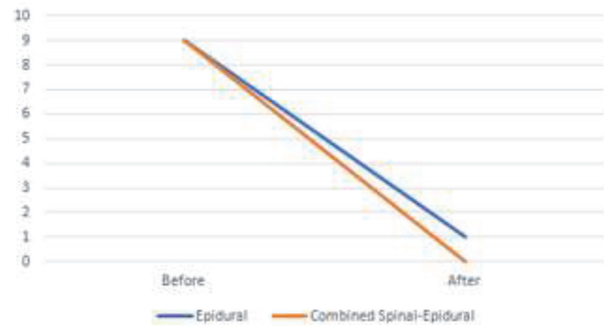
Abstract 115 Figure 1



Abstract 115 Figure 2

epidural (p-value <0,05). No difference was found in terms of requesting neuraxial in a next pregnancy (98.2% after combined spinal-epidural compared with 97.1% after epidural).

Conclusions In our sample, even with higher side effects, namely pruritus, most women had better pain relief and were more satisfied with combined spinal-epidural technique.



Abstract 115 Figure 3

116 CEREBROSPINAL FLUID CUTANEOUS FISTULA AFTER UNEVENTFUL COMBINED SPINAL-EPIDURAL FOR CAESAREAN SECTION: A CASE REPORT

M Sanha, H Barbosa*, M Paiva. *Centro Hospitalar Vila Nova de Gaia/Espinho, Porto, Portugal*

10.1136/rapm-2021-ESRA.116

Background and Aims A cerebrospinal fluid (CSF) cutaneous fistula is a rare complication of neuraxial anaesthesia.

There are few cases described in the literature, and there are no specific recommendations for diagnosis and treatment.

Herein we present a case of an asymptomatic cerebrospinal fluid cutaneous fistula following combined spinal-epidural (CSE) for caesarean section.

Methods A 35-year-old parturient at 39 weeks and 1 day estimated gestational age underwent combined spinal-epidural for a caesarean section due to breech presentation. There were no complications during the intervention. Epidural catheter was left in situ for 24h postpartum for analgesic purposes and then removed without apparent complication. On day 3 postpartum, clear fluid was noted to be slowly draining from the catheter insertion site. The patient remained asymptomatic, denying any neurological symptoms including headache, nuchal rigidity or fever. The neurosurgery team evaluated the case and diagnosed a cerebrospinal fluid cutaneous fistula. The patient was successfully treated with a suture at the epidural site and conservative measures, and no long-term complications were evident.

Results Epidural blood patching has proved to be an effective technique for the management of these fistulas. Nevertheless, patients who are asymptomatic or contraindicated for invasive procedures may be successfully treated with conservative measures, including cutaneous stitching.

Conclusions Case reports of CSF-cutaneous fistulas in the literature are sparse.

This case supports suture at the epidural site and conservative measures as an effective treatment for a CSF-cutaneous fistula after CSE anesthesia.

We aim the importance regarding the surveillance for any complication after neuraxial approach in the obstetric population.

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