Background and Aims Spinal anaesthesia (SA) is considered a safe technique even if associated with several complications. Reduced CSF pressure from leakage through the dural puncture site has been associated with post-dural puncture headache (PDPH) and is a proposed mechanism for sensorineural hearing loss (SNHL). Presumably, reduced CSF pressure transmits to inner ear impeding auditory hair cells function. Data reports 0.4% incidence with some cases of persisting SNHL and correlates with large gauge and cutting point needles utilization. Blood patch, steroid therapy, hyperbaric oxygen and supportive measures are among treatment options with good outcome. We aim to point out a case of isolated SNHL after uneventful SA in a healthy young woman.

Methods 42y healthy woman with uncomplicated pregnancy admitted for elective C-Section at term. SA was successful at first attempt with a 27G pencil point needle inserted on L3-L4 space. Bupivacaine 7.5 mg plus sufentanyl 2.5μg were administered after backflow of CSF.

Results No complications were recorded on perioperative period. After 3 days, isolated sudden left SNHL occurred upon standing. Otolaryngologic evaluation showed isolated low frequency left SNHL. Vigorous hydration and restricted supine position resulted in rapid improvement. Audiogram confirmed absence of SNHL at discharged on day 7.

Conclusions SNHL may occur despite an uneventful SA. Improvement after implemented measures reinforces the above-mentioned hypothesis as probable underlying physiological mechanism. Supportive treatment can be successful managing isolated SNHL. Because there is a risk of permanent damage, a high suspicion index for SNHL should be present even in the absence of PDPH to warrant an early diagnosis.

Background and Aims Super morbid obesity is defined as a body mass index of >50 kg/m². Complications from anaesthesia and overall morbidity and mortality are higher in this population. Neuraxial techniques are the preferred anesthetic solutions for this population. Even though endometriosis is widely spread among women of reproductive age [1, 2], few researches have been done to identify the influence of endometriosis on pregnancy and delivery outcomes. The aim of this study is to evaluate outcomes of pregnancy and delivery following a surgery of advanced endometriosis.

Methods A retrospective analysis was conducted at LSMU Kaunas Clinics. The sample consisted of 64 women who underwent surgery of endometriosis. The results were compared to the statistical data and other scientific researches. Significant differences were considered when p<0.05.

Results 25% of pregnancies ended with spontaneous abortion, 15.63% – with premature labour. Pregnancy complication rate did not statistically significantly differ in IVF pregnant women compared to conceived naturally. More pregnancy complications were identified following a surgery of a III stage of
endometriosis compared to after surgery of a IV stage of endometriosis (p<0.05). From all analysed deliveries 31.25% ended with cesarean section. More deliveries via cesarean section were found after IVF compared to natural conception (p>0.05). A higher frequency of cesarean section was found in women who got pregnant after IV stage endometriosis surgery compared to those after III stage surgery (p>0.05).

**Conclusions** Women after a surgery of III stage endometriosis have an increased probability of pregnancy complications compared to woman after surgery of IV stage endometriosis. Rate of cesarean section is still increased after a surgery of advanced endometriosis. Cesarean sections are performed more frequently on women after surgery of IV stage endometriosis than after surgery of III stage endometriosis.

**120 HOW ELECTRONIC PRESCRIBING BUNDLES IMPROVED PAIN RELIEF PRESCRIBING PRACTICES FOR PATIENTS UNDERGOING ELECTIVE CAESAREAN SECTIONS**


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**Background and Aims** The elective caesarean section (CS) rate in England was 15% in 2019. It is vital to offer adequate pain relief to these patients to improve experience and reduce morbidity. NICE suggests intrathecal/epidural diamorphine for analgesia. If no contraindications, NSAIDs should be offered. RCoA advises that women receiving opioids should have pain scores recorded and anti-emetics and laxatives prescribed.

The prevalence of electronic prescribing in UK hospitals is increasing. These systems can be beneficial in improving patient safety, governance and productivity.

We audited compliance with aforementioned standards and instigated changes to electronic prescribing systems to improve practice.

**Methods** Data collected prospectively for 26 patients using anaesthetic records, online prescribing charts and pain assessment by questioning patients. Objectives were; 100% women satisfied with analgesia day 1 post CS; 100% women receive intrathecal/epidural opioids with regional anaesthetic; Unless contraindicated, 100% women prescribed NSAIDs; 100% women prescribed anti-emetics and laxatives PRN.

The cycle was repeated with 15 patients following alteration of prescribing bundles to include recommend medications.

**Results** Initially, 100% of patients given intrathecal opioid. 69% received NSAIDs. 19% prescribed laxatives and 96% prescribed anti-emetics. 100% of women expressed satisfaction with pain relief. After modification, opioid use remained 100%. NSAID use rose to 100%. 80% prescribed laxatives and 100% prescribed anti-emetics. Satisfaction remained 100%.

**Conclusions** Adequate post-operative analgesia is a cornerstone of good anaesthetic practice. Electronic prescribing bundles improved compliance with national standards of recommended analgesia for patients undergoing elective CS.

**122 EPIDURAL BLOOD PATCH IN THE 3RD TRIMESTER OF PREGNANCY. WHAT ABOUT LABOUR ANALGESIA?**

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**Background and Aims** Postdural puncture headache (PDPH) is a well-known and common complication of spinal anesthesia which depends upon the characteristics of spinal needle. 

**Methods** We report a blood patch in the 3rd trimester of pregnancy.