P.17 An audit of workload and changes to anaesthetic practice during the initial wave of COVID-19 pandemic
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Introduction: The COVID-19 pandemic caused significant changes in obstetric practice due to the risks of COVID-19 and its potential transmission. To aid clinicians, joint guidance was issued which suggested the use of epidurals in suspected or confirmed COVID-19 cases to reduce the need for general anaesthesia.1 We investigated the workload of our obstetric anaesthetic department during this time and compare to the same time period from a previous year.

Methods: We compared anaesthetic workload from 1 April to 15 May 2020 and the same time period from 2019. This was the time when the anaesthetic department moved to a temporary rota to manage the demands on our service. We investigated workload based on the records kept in the maternity anaesthetic office and the electronic patient record.

Results: When looking specifically at category 1 caesarean sections (CS) 33 were performed in 2020 compared to 20 in 2019. In 2020 64% were performed with spinal anaesthesia, 24% with epidural top-ups and 12% with general anaesthesia. In 2019 45% were performed with spinal anaesthesia, 5% with epidural top-ups and 50% with general anaesthesia.

Discussion: The total number of anaesthetic procedures was slightly less in 2020 (449) compared to 2019 (472). This may be due to issues with recording of cases during the COVID-19 period and associated changes in working patterns when staff may have been less likely to record cases in the anaesthetic office. A similar number and proportion of epidurals were seen: 28% of all procedures in 2020 compared to 29% in 2019. Time to attend epidurals was longer in 2020 (24.8 min) compared to 2019 (21.7 min). This is likely to be related to changes in working practices (increased use of PPE) meaning procedures took longer and changes to staffing levels with fewer staff available at any given time, due to rota changes and increased numbers of anaesthetic staff being needed for management of ITU patients. When looking at category 1 CS, there was a significant move away from general anaesthesia. In 2020 only 12% were performed with general anaesthesia compared to 50% in 2019 with an associated rise in epidural top-ups and spinal. This audit highlights the flexibility of our service in adapting to meet the needs of patients under rapidly changing circumstances. Despite increased pressures on our service we were able to provide an efficient epidural service and change our practice in mode of anaesthesia for CS.

References


P.18 The bupivacaine guessing game: Variance in spinal local anaesthetic volume for preterm caesarean delivery
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Introduction: Intrathecal spread of local anaesthetic (LA) increases in pregnancy. Enhanced neural sensitivity and reduced CSF volume due to venous engorgement from the gravid uterus, are contributory.1,2 Effects are reduced in preterm patients, however the magnitude of reduction of LA spread is unpredictable. This is an independent risk factor for block failure.2 We analysed variation in LA dosing for preterm caesarean delivery.

Methods: Badgernet™ was searched for preterm caesarean deliveries between November 2017 and October 2020. Using a random number generator, case notes for cohorts of patients, refined by their gestation at delivery, between 24 and 36 weeks, were identified. Notes were reviewed for five patients per gestational week. The dose of LA, level of block and adequacy of anaesthesia for the duration of operation was recorded.

Results: Fifty-seven patients were included. Each patient had 0.3 mg (0.3mL) of diamorphine with a variable amount of 0.5% hyperbaric bupivacaine in the intrathecal injection. Spinal block was noted as adequate if no supplemental analgesia or CSE epidural top-up was required.

Discussion: Higher volumes of LA are administered at earlier gestations. There was a large variation between LA volume and block adequacy; a higher dose was not always better. The lowest doses of LA in the most premature group. Results illustrate the unpredictability of spinal anaesthetic dosing for preterm caesarean delivery. However, information about efficacy and safety over a range of doses and gestations may be useful to anaesthetists.

References