



# AB098. SOH22ABS125. A review of neuraxial anaesthesia practice at a university maternity hospital

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**Background:** Central neuraxial block (CNB) such as spinal and epidural catheterization produce highly effective pain relief and is used to provide analgesia in obstetric patients during delivery. Neuraxial techniques have evolved over the years to provide safe and effective pain relief as well as improve maternal satisfaction. However, complication rates are variable and can lead to problems such as severe headache leading to prolonged hospital stay in these patients. Hence, the aim of this audit is to quantify the CNB rate and complications arising from CNB in obstetric patients over a 1-year period, at a University Maternity Hospital.

**Methods:** This is a quantitative, cross-sectional study of live births and complications of post-neuraxial block amongst obstetrics patients. Data from 5,546 patients were collated and analysed from an active anaesthesiology register of activity. All anaesthesiology patient contacts are recorded including demographics, intervention and outcome results. Data was recorded to Excel Spreadsheets for analysis and anonymised.

**Results:** The total annual live births were 4,138 and the mean age was  $33.24 \pm 5.62$  years. The rate of vaginal delivery (VD) was 4,081 and the average age was 31.6 years. Also, 99.6% patients that underwent VD had epidural anaesthesia. Besides that, of the total number of patients (1,465) that underwent lower segment caesarean section (LSCS), 1,219 patients received spinal anaesthesia (83.2%) whereas 15 patients (1.0%)

received general anaesthesia. Additionally, 98.7% of patients who received spinal anaesthesia for LSCS were uneventful while 1.3% experienced complications such as difficult access, post-op pain, post-dural headache (PDH) and failed spinal. In contrast, 0.5% of epidural block were eventful (PDH, bleeding, failed epidural, difficult access) and 99.5% were uneventful.

**Conclusions:** The low rate of post-neuraxial complications contributes to significant patient satisfaction and confidence in the safety of neuraxial blocks.

**Keywords:** Neuraxial anaesthesia; spinal anaesthesia; epidural anaesthesia; obstetrics anaesthesia; anaesthesia

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## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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