introduced in the subarachnoid space and 20 mg Bupivacaine + 7,5 µg Sufentanil + 4 mg Dexamethasone in a total volume of 5 ml were injected Patients were placed in the Trendelemburg position until sensitif block level at T2 Maximum intraperitoneal pressure didn't exceed 12 mm Hg

**Results** 70 patients ( 10,68%) experienced shoulder pain after pneumoperitoneum successfully treated with 0,5 mg iv alfentanil 1 patient required conversion to GA Duration of procedures ranged between 25 and 180 mins

**Conclusions** RA affords excellent muscle relaxation, total per and postoperative pain relief , rapid discharge . Different studies showed a better outcome in frail and obese patients compared to GA

## #34814 SEGMENTAL THORACIC SPINAL ANAESTHESIA FOR BREAST CANCER SURGERY: A FEASIBILITY STUDY

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**Background and Aims** Literature on thoracic spinal anaesthesia (TSA) for breast surgery is scarce. The present series explored block characteristics and outcomes in the patient undergoing Modified Radical Mastectomy (MRM) under TSA in female patients with ASA I-III physical status.

**Methods** 20 patients underwent unilateral MRM. TSA was given with 0.75% isobaric ropivacaine (1ml), fentanyl (25 µg) and dexmedetomidine (10 µg) at T4- T5 space. All patients received IM glycopyrrolate and IV ondansetron pre-operatively, pre-loaded with IV RL @10ml/kg. fentanyl sedation @1mcg/kg IV in divided doses. Intra-operative hemodynamics, block characteristics, intraoperative complications, pain score and analgesic consumption, postoperative adverse effects, and patient satisfaction with were studied

**Results** TSA was performed easily in all the patients, including two patients who complained of paraesthesia. The TSA was effective for surgery in all 19 patients. 4 patients had intraoperative apnoea with only one patient requiring bag and mask ventilation but none requiring conversion to general anaesthesia. 6 patients required mephentermine more than the median dose i.e. 12mg IV. One patient had hypotension with tachycardia and 2 patients had intraoperative bradycardia none required IV atropine. Recovery was uneventful, only 3 patients had complaints of PONV and only 2 patients required IV tramadol (50mg). 16 patients were satisfied with the anaesthesia technique and 3 patients were dissatisfied.

**Conclusions** This feasibility study has shown that TSA can be used successfully and effectively for MRM surgery. However, the use of anaesthetic techniques requires experience and great caution.

## #36280 NEURAXIAL ANAESTHESIA IN A PATIENT WITH COFFIN-SIRIS SYNDROME – A CASE REPORT

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**Background and Aims** Coffin-Siris syndrome (CSS) is a rare genetic disorder, with less than 250 molecularly confirmed cases worldwide. It is characterized by growth restriction, developmental delay, craniofacial malformations, and a range of heart, gastrointestinal, genitourinary and nervous system abnormalities. These abnormalities may present an anaesthetic challenge mainly due to difficult airway management, respiratory complications and poor patient cooperation. The available literature on CSS anaesthetic approach consists of 10 case reports, with only one describing a regional anaesthesia technique.

**Methods** A 14-year-old female patient with CSS was scheduled for bilateral proximal tibial hemiepiphysiodesis. Preoperative evaluation was significant for developmental delay, obstructive sleep apnoea, IgA deficiency with several respiratory infections over the last year and hypertrophic cardiomyopathy. A history of doubtful delayed emergence from general anaesthesia, despite recovery of spontaneous ventilation, was present in past procedures. Physical examination revealed obesity, a short neck and macroglossia. A deep sedation was accomplished intravenously with propofol and fentanyl, and maintained with sevoflurane 1,5%, ensuring spontaneous ventilation through a laryngeal mask airway. An L3-L4 epidural block was performed with ropivacaine 0,5%. ASA standard monitoring and bispectral index were applied, and multimodal analgesia was ensured.

**Results** Hemiepiphysiodesis was successfully performed under the proposed anaesthetic technique, combining neuraxial anaesthesia and sedation. The perioperative period was uneventful.

**Conclusions** CSS patients can be challenging for the anaesthesiologist due to the syndrome's malformation spectrum, cardiac structural disease, respiratory complications and lack of reassuring literature. Neuraxial anaesthesia may be a successful and safe approach for CSS patients in selected procedures.

## #36221 THE EPIDURAL DEXMEDETOMIDINE REDUCES THE DOSE OF ANESTHETICS DURING GENERAL ANESTHESIA

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