foresee airway issues, to reduce risk, seek consultant support, and strategise for a safer airway. This follows current joint Obstetric Anaesthetists' Association and Difficult Airway Assessment guidelines.

Methods Prospective data collection evaluated the presence and quality of airway assessment on current epidural placement documents. Good quality assessment were defined as three or more assessment tools e.g: Mallampati, mouth opening, jaw/neck movement, thyromental/sternomental distances. After this snapshot of practice, the epidural proforma was edited to include mandatory airway assessment. the data collection cycle was repeated.

Results We highlighted, of 103 cases, airway assessment was documented in 18%. of those, 52% were of poor quality. Prompting on the epidural chart led to significant improvement in documentation in the following 30 patients, with airway assessments increasing to 57%. 'Good quality' assessments rose to 72%.

Conclusions Quality airway assessment should occur at the time of epidural placement. An integrated 'airway prompt' to the epidural proforma improved compliance significantly towards safer practice.

ESRA19-0203 | **EVALUATION OF ULTRASOUND-GUIDED TRANSVERSALIS FASCIA PLANE BLOCK FOR POSTOPERATIVE ANALGESIA IN CAESAREAN SECTION: A PROSPECTIVE, RANDOMIZED, CONTROLLED CLINICAL TRIAL**

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Background and aims Caesarean section (C/S) is a commonly performed obstetric procedure causing a somatic pain and a visceral pain. Pain treatment leads to decreased maternal morbidity, early mobilization and increases patient satisfaction. Adding a regional anesthesia technique to multimodal analgesia in C/S, improves the quality of postoperative care. In this study, we evaluated the effectiveness of transversalis fascia plane block (TFPB) first time for postoperative analgesia management in C/S. Although it is an old and practical block currently it was only investigated in a few studies.

Methods The study was approved by the local ethics committee and the study was registered with clinicaltrials.gov (NCT03741452). Following exclusion, patients were randomized equally as block and control group. Standard multimodal analgesia was performed in Group C while TFPB block was also performed in the intervention (TFPB) group. Our primary outcome was to evaluate Tramadol consumption and additional rescue analgesic requirement. Our secondary outcome was to assess pain intensity between groups with numeric rating scores.

Results Seventy-five patients (ASA I-II) were recruited. NRS scores were lower in Group TFPB during the first 3 hours and at the 12th hour. Tramadol consumption at 3rd, 6th and 12th hours and in the first 24 hours was lower in Group TFPB (p<0.01) (figure 1). NRS scores were lower in the block group at 1st, 3rd and 12th hours (p<0.01, p<0.01 and p<0.01 respectively).

Abstract ESRA19-0203 Table 1 Average NRS Scores at rest and on movement/coughing during first 24 hours

At Rest	TFPB	Control	p
1st hour	2 (1-3)	3 (3-4)	<0.001
3rd hour	2 (2-3)	2 (2-3)	<0.001
6th hour	2 (2-3)	2 (1-2)	0.058
12th hour	2 (1-3)	2 (1-2)	0.005
24th hour	2 (1-2)	1 (1-1)	0.851
On movement/ coughing			
1st hour	3 (2-4)	5 (4-5)	<0.001
3rd hour	2 (2-3)	3 (3-3,5)	0.004
6th hour	2 (2-3)	3 (2-3)	0.106
12th hour	2 (1-3)	3 (2-3)	0.001
24th hour	2 (1-3)	2 (2-2)	0.223
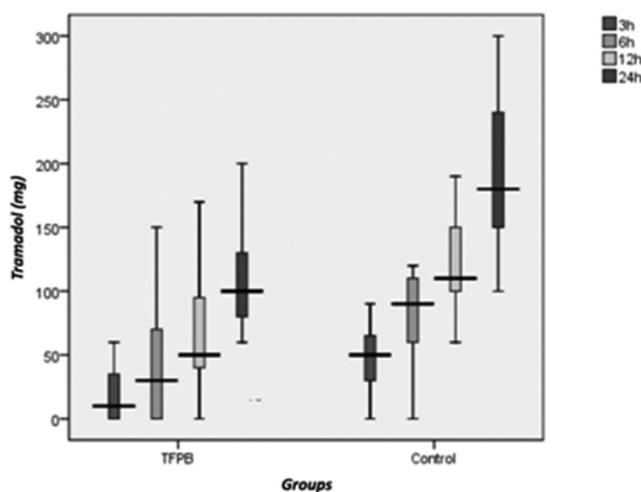
Abstract ESRA19-0203 Figure 1 Tramadol consumption of patients

Conclusions Bilateral ultrasound guided TFPB is a practical block and leads to effective analgesia and a decrease in analgesia requirement in first 24 hours in patients undergoing CS.