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anaesthesia may be achieved by different routes including inhalational, intravenous and regional techniques. the spinal anaesthesia has been used for patients undergoing spinal surgery, however recent literature indicates that the regional anaesthesia has advantages over the spinal anaesthesia. the regional anaesthesia is a safe and cost-effective alternative to the spinal anaesthesia. we present a patient with a prior history of spinal surgery who underwent elective TURP under regional anaesthesia and developed postdural puncture headache, which we treated successfully. we report our experience and discuss the literature on the management of postdural puncture headache. this case report is intended to describe the use of subclavian ropivacaine infiltration in a patient with a history of chronic pain who underwent an emergency cesarean section due to fetal distress. subclavian block is a commonly used technique in obstetric anaesthesia. local anaesthetic infiltration can be used for central neuraxial anaesthesia. we present a case where subclavian ropivacaine infiltration was used as the sole anaesthetic technique for the cesarean section. in patients undergoing low risk cesarean section, regional anaesthesia offers several benefits over general anaesthesia. this case report describes a patient who underwent a non-emergency cesarean section due to previous breech presentation. she was treated with lower segment transverse cesarean section under subarachnoid block. intraoperatively, the first

patient (case 1) had a platelet count of 30,000 and a coagulation profile consistent with disseminated intravascular coagulation (dic). the second patient (case 2) had a platelet count of 70,000 and a coagulation profile consistent with disseminated intravascular coagulation (dic). both patients received continuous esp block at t7 level and were hemodynamically stable and had no significant intraoperative or postoperative bleeding. the patients were successfully weaned off the ventilator and extubated within 30 min in both the patients. the patients were advised to remain bed ridden for 2 days in the postoperative period and were administered single dose of anti-tubercular therapy (att) on the day of discharge. both the patients were discharged on the third postoperative day in stable condition. we observed good pain relief in the postoperative period in both the patients. the patients had no other side effects and the block was well tolerated. both the patients had complete relief from the anaesthesia within 30 min and had no requirement for additional rescue analgesia. we recorded a maximum of 4-7 ml of local anaesthetic over a period of 48 h in both the patients. we observed successful pain relief in the postoperative period in both the patients.

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