

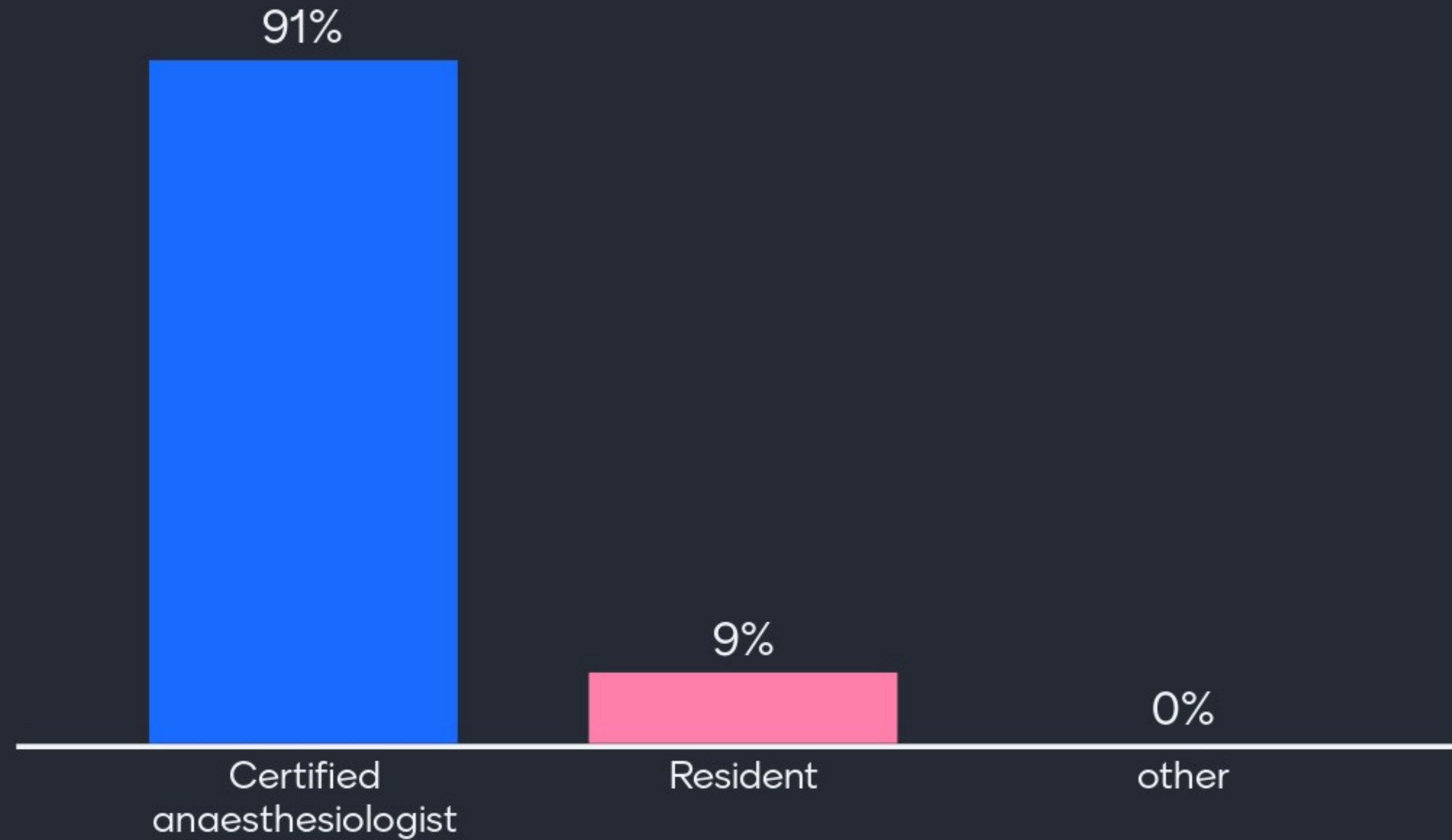
Clinical cases with interactive voting

Failed epidural or spinal in OB anesthesia: can I repeat the block? Do I have to wait? What are the risks? How to do it?

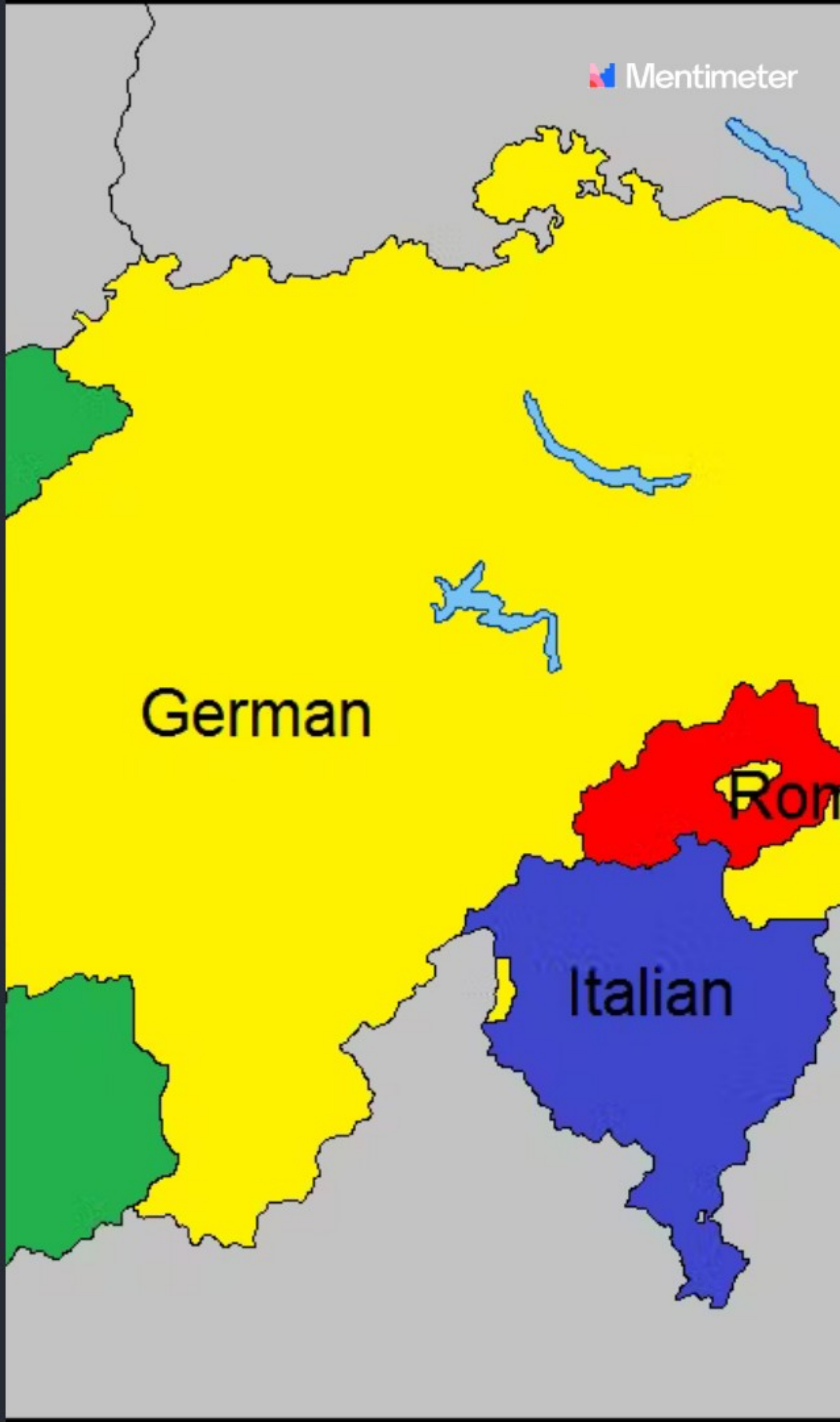
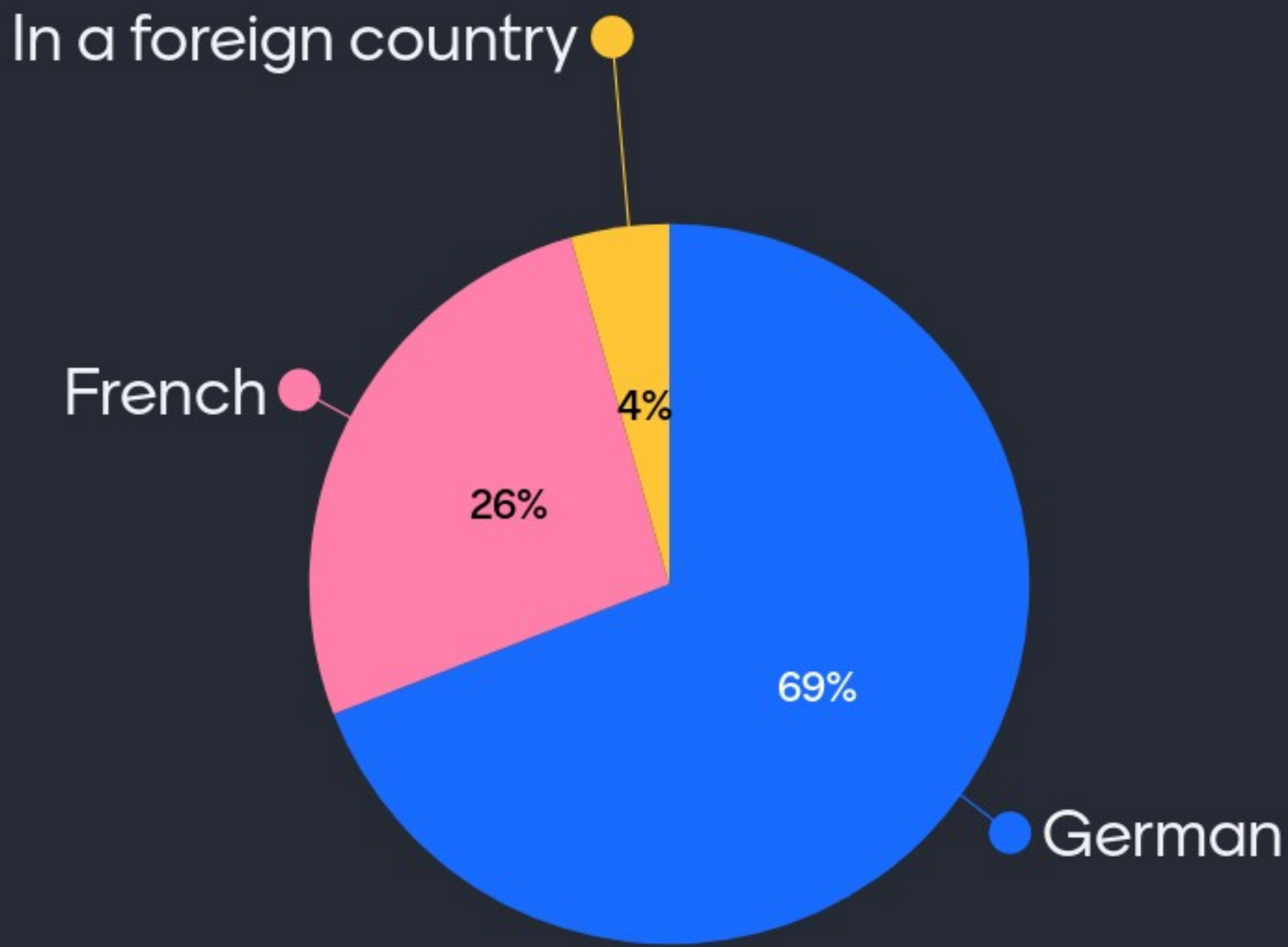


Instructions

What is your level of training ?



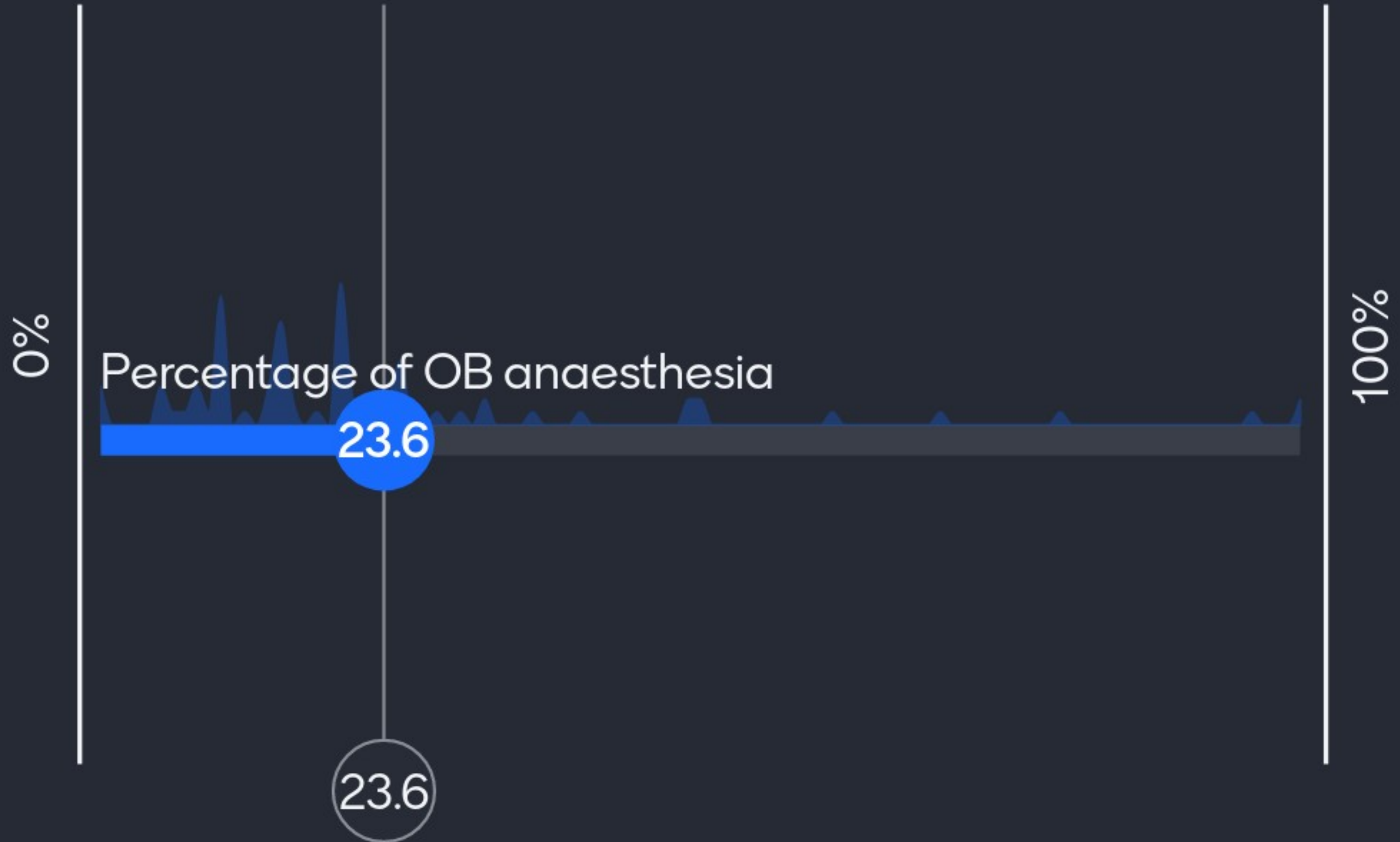
In which part of Switzerland do you work ?



Do you work in a teaching hospital ?



What percentage of your clinical practice consists of obstetric anaesthesia ?



Clinical case N° 1

Elective C-section for breech presentation

L4-L5 Spinal anaesthesia in the seated position

25 G Withacre needle

CSF is seen prior and after injection of

Bupi 0.5% HB 10 mg, FNT 20 mcg, Mo 100 mcg

Placed in the supine position with Left tilt

Patient's legs 'felt warm' with 'pins and needles'

She requires phylephrine to maintain her BP

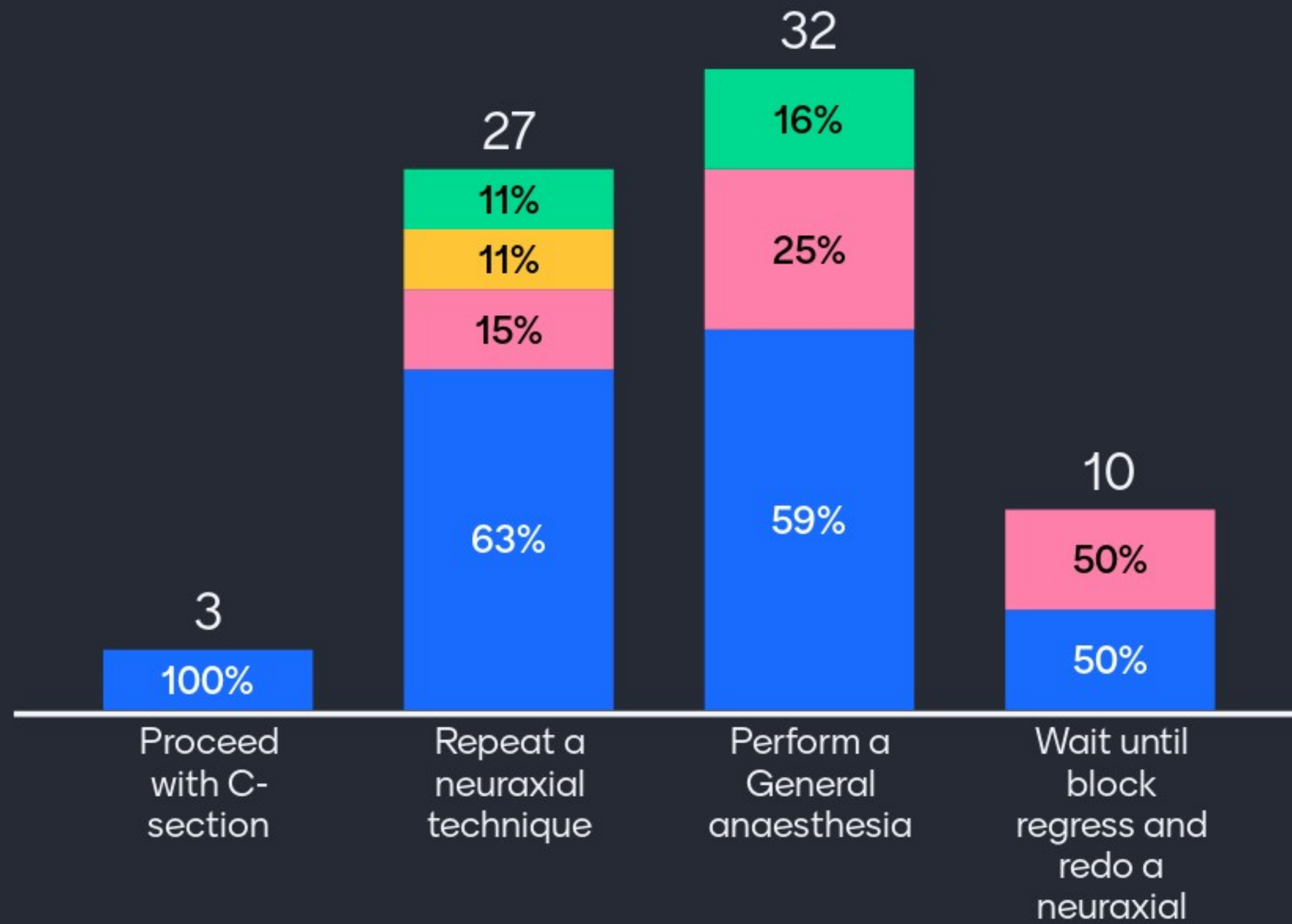
Despite this, sensory block only reaches T11 level

Motor blockade Bromage 2 (no knee flex)

No further progress over the next 10 min

Even with a 10° Trendelenburg.

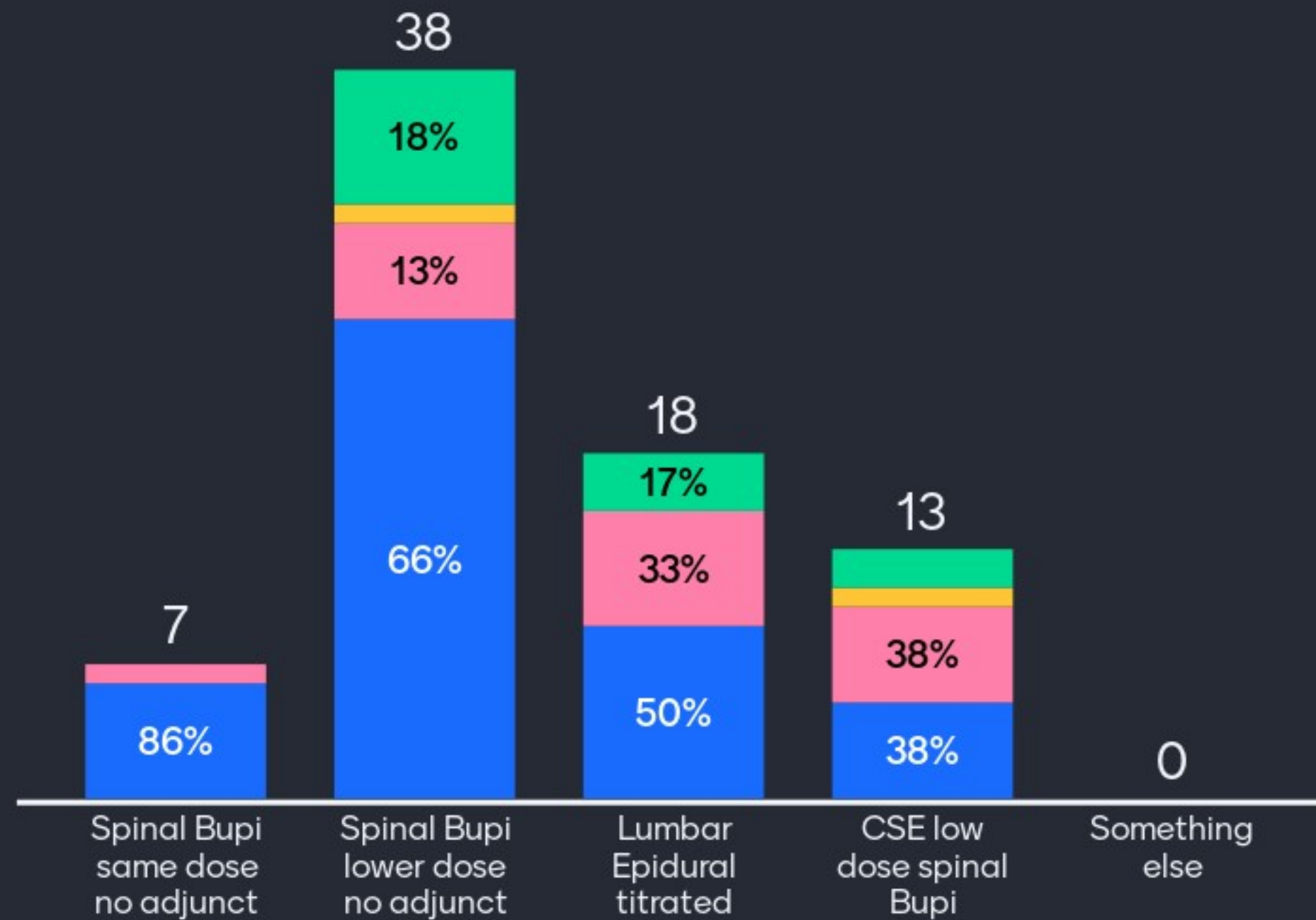
What would you do ?



In which part of Switzerland do you work ?

- German
- French
- Italian / Romansh
- In a foreign country
- Unknown

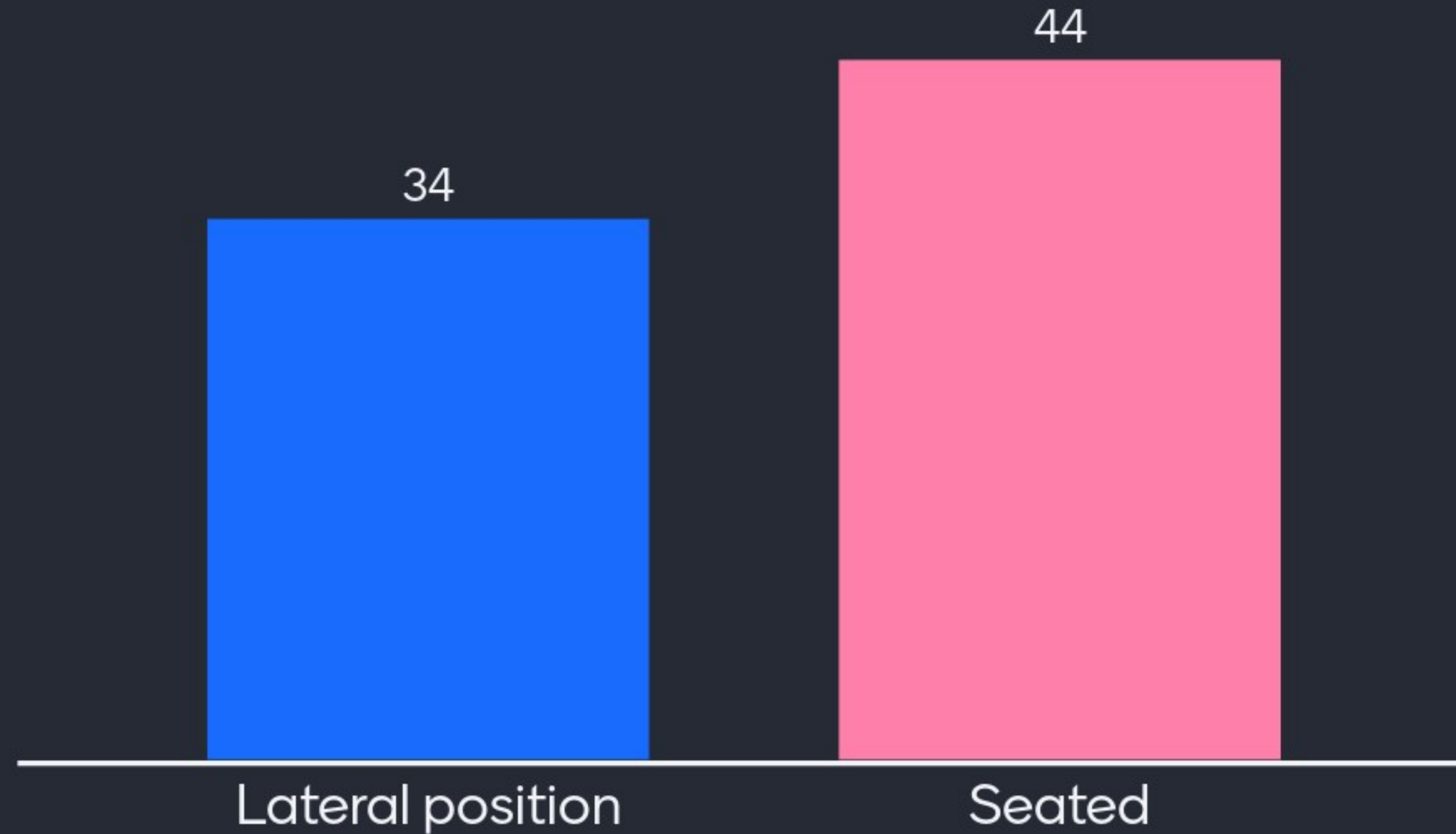
You decide to repeat a neuraxial block. Which technique do you choose?



In which part of Switzerland do you work ?

- German
- French
- Italian / Romansh
- In a foreign country
- Unknown

How do you position the patient to repeat the neuraxial block?



When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

Ultrasound	No	Ctg
no	No	no
No	Low dose local anaesthetics	Neuraxial ultrasound

When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

Toxicity	No	The Whitacre hole going up
Co-Hydration	Ultrasound	No
No	Senior/experienced anaesthetist performing the procedure	Volume loading

When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

Vasoaktiva	Nerve damage	More blood pressure measurement
Antitrendelburg	Prepare for general anesthesia	Trendelen burg to increase chances of higher level,
Ultrasound	Monitoring BP and CTG	nothing

When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

Short acting anesthesia: chloroprocaine	Level of punction	Vasopressor, ready tu intubate
2eme VVP	No	Low infusion
Bloodpressure	Prevent hyertensio	volume, vasoactives

When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

Neosinephrin	180 degree test	CTG
Keine Barbotage, häufige Evaluation	No	No
Info about poss failure/high spinal and following GA	Careful titration to effect and bp	different puncture site

When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

intubation standby and blood pressure meds	Prevention of Hypotension and Respiratory Problems	Blood presedute right hontroö
Vasiactive	No	Neurological reevaluation
Volumen	Phenylephrine Perfusor,	Positioning Antitrendelenburg

When you repeat the block, do you take any other precautions or measures regarding the regional anesthesia technique?

55 responses

Prepare vasoactive drugs and ITN

Clinical case N° 2

Epidural analgesia for vaginal delivery

28-year-old women G1P0
@ 39 Week cephalic presentation
75 kg, 168 cm, spontaneous labour
cervical dilation 2 cm

L3-L4 Epidural anaesthesia seated position

Tuohy 18G, LORS @5 cm

Multiple-orifice catheter @10 cm

initial bolus 8ml of Ropi 0.2% + FNT 75mcg

PIEB (Ropi 0.1% / Suf 0.25)

Automated bolus 8ml/50 min, Patient bolus 5ml/15 min

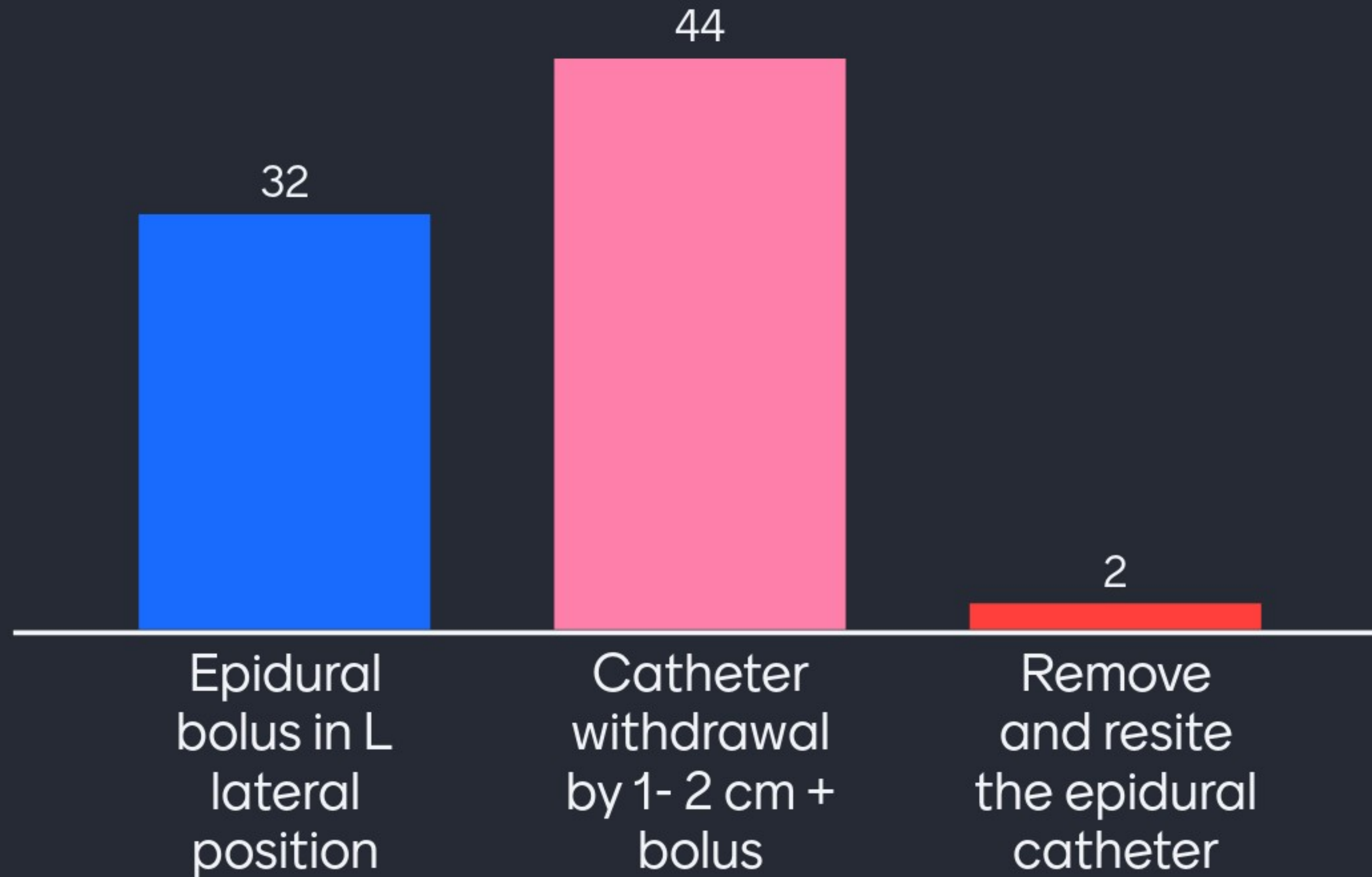
1h15 min later

Patient continues to feel pain on the L side

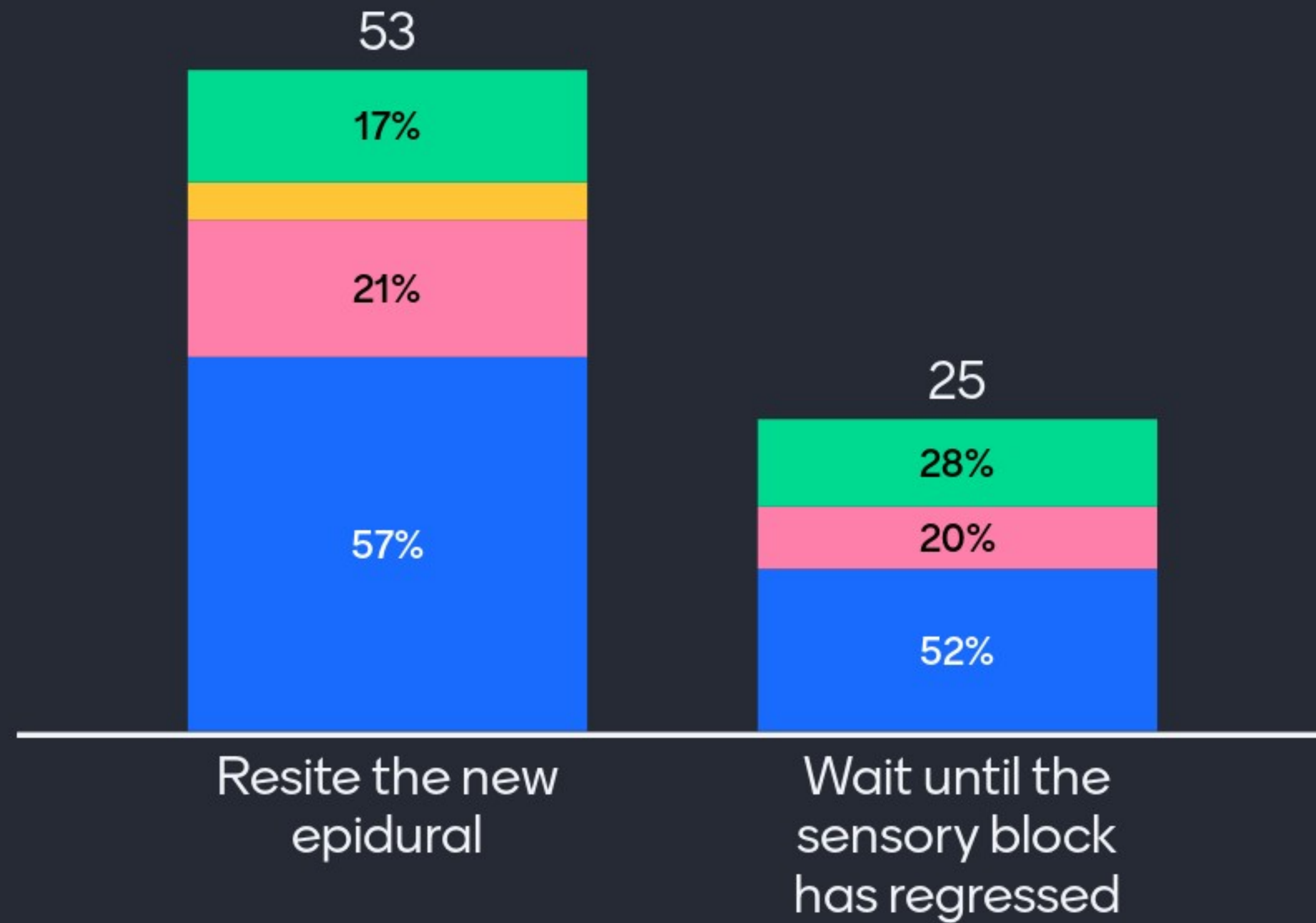
Sensory block: T9 R side / L3 L side

No motor blockade.

What would you do ?



No improvement after withdrawal and bolus, you decide to repeat the epidural. You realize that the lumbar region is anesthetized. What would you do?



In which part of Switzerland do you work ?

- German
- French
- Italian / Romansh
- In a foreign country
- Unknown

Clinical case N° 3

Epidural analgesia for Cesarean section

This case is the continuation of case N°2

You have repeated the epidural 5 hours ago.

LOR 4 cm , catheter @ 8.5 cm

Analgesia has been adequate.

Only one additional doctor's bolus

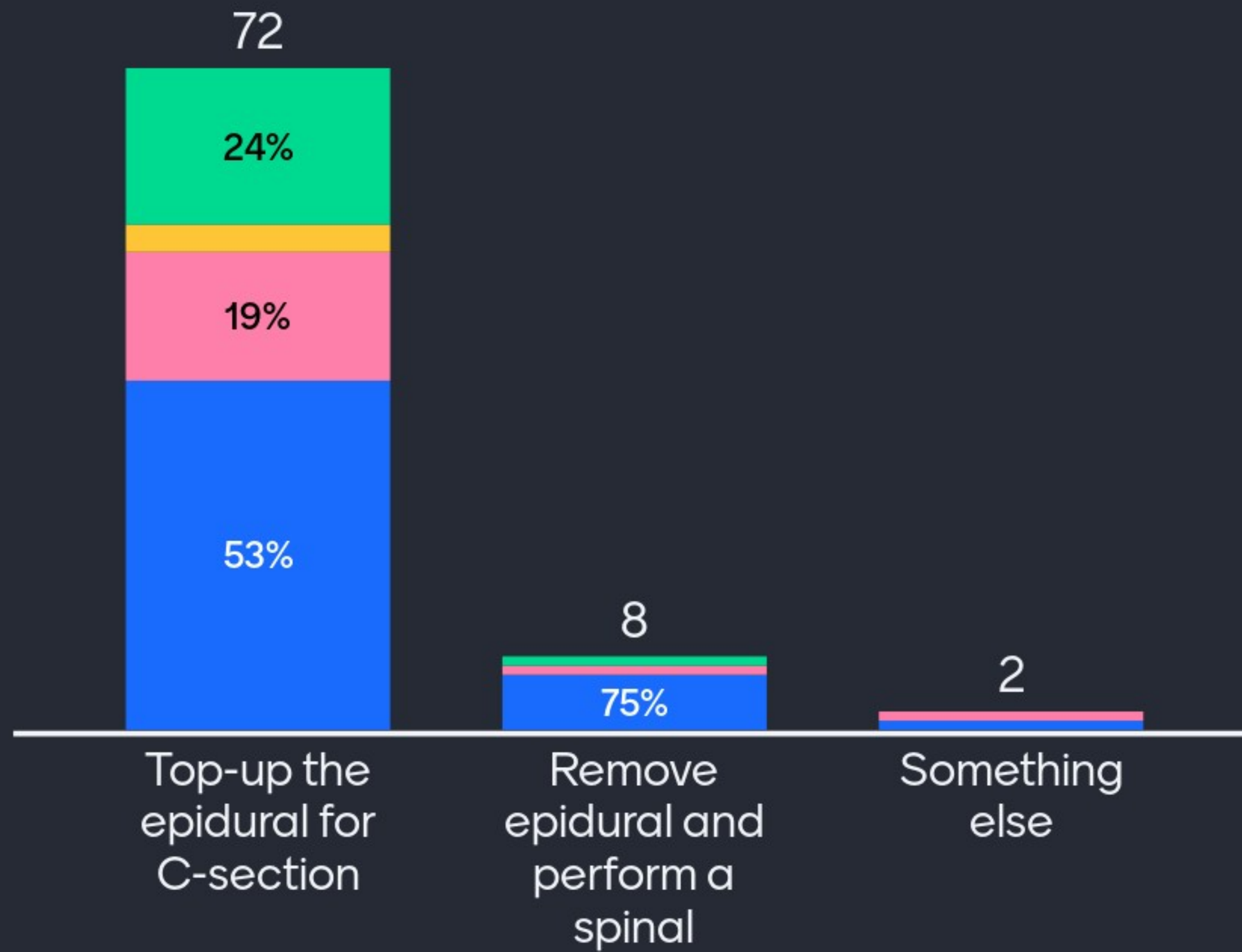
Patient requires a C-Section for labour dystocia @7 cm

Patient is comfortable.

Sensory block: T7 R side / T10 L side

No motor blockade.

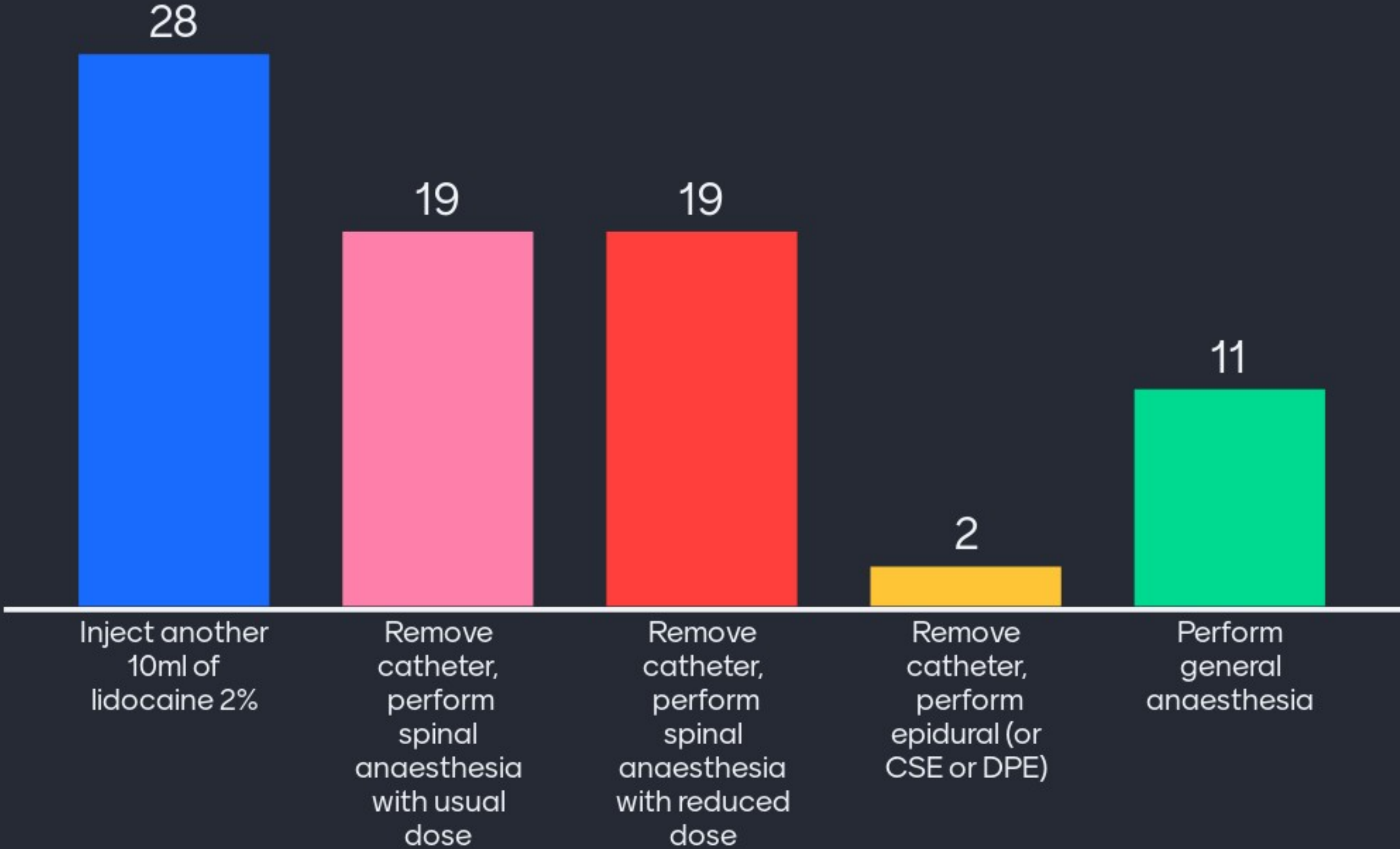
What would you do ?



In which part of Switzerland do you work ?

- German
- French
- Italian / Romansh
- In a foreign country
- Unknown

You have topped-up the epidural with 10ml lidocaine 2% (+ bic + adre). 10 min later: no motor block, sensory level unchanged. What would you do ?



Ask us your questions

7 questions
2 upvotes

What does the literature say?

Let's vote again!

Case N° 1: elective C-section for breech presentation

L4-L5 Spinal anaesthesia in the seated position

25 G Withacre needle

CSF is seen prior and after injection of

Bupi 0.5% HB 10 mg, FNT 20 mcg, Mo 100 mcg

Placed in the supine position with Left tilt

Patient's legs 'felt warm' with 'pins and needles'

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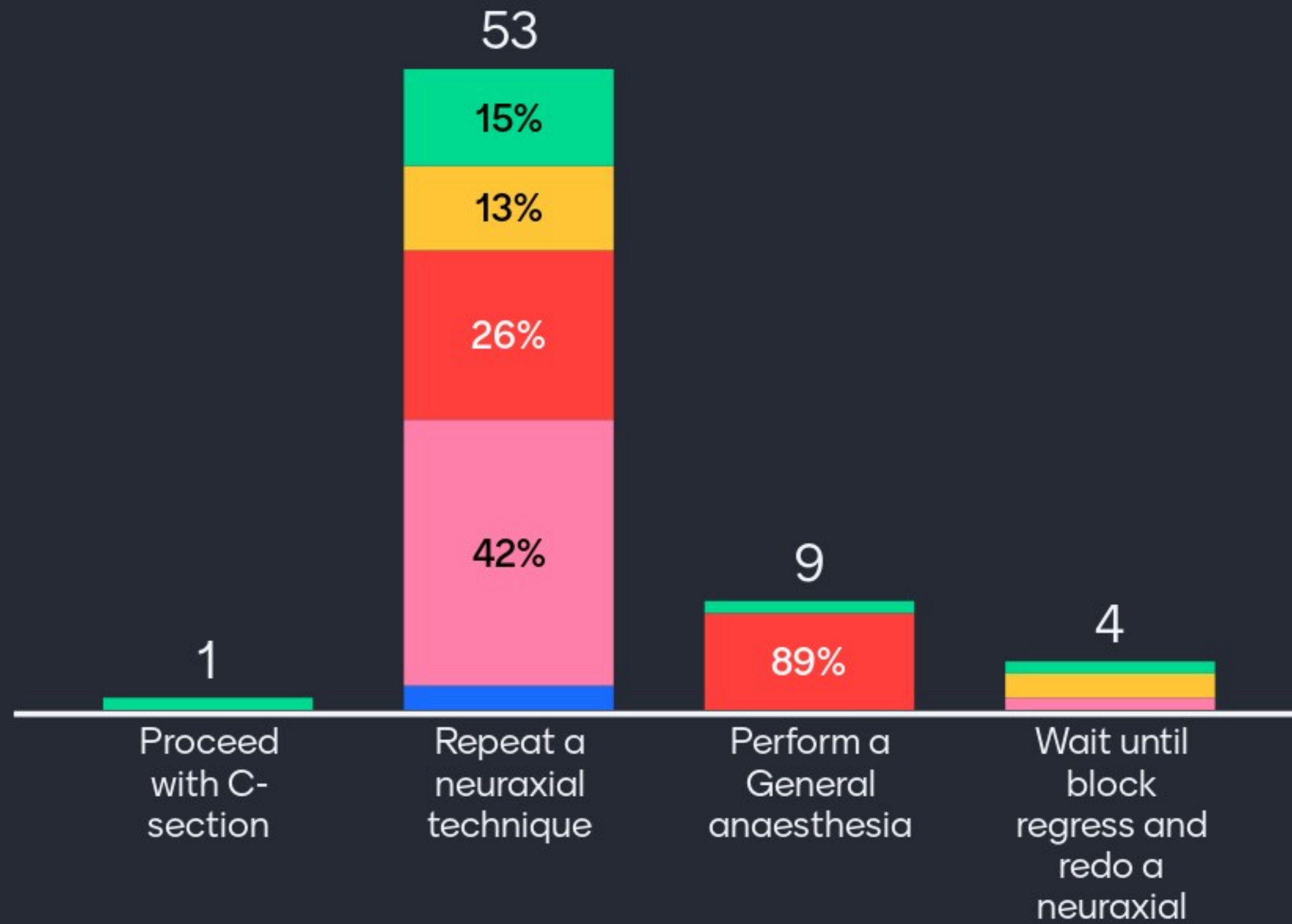
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No further progress over the next 10 min

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What would you do ?

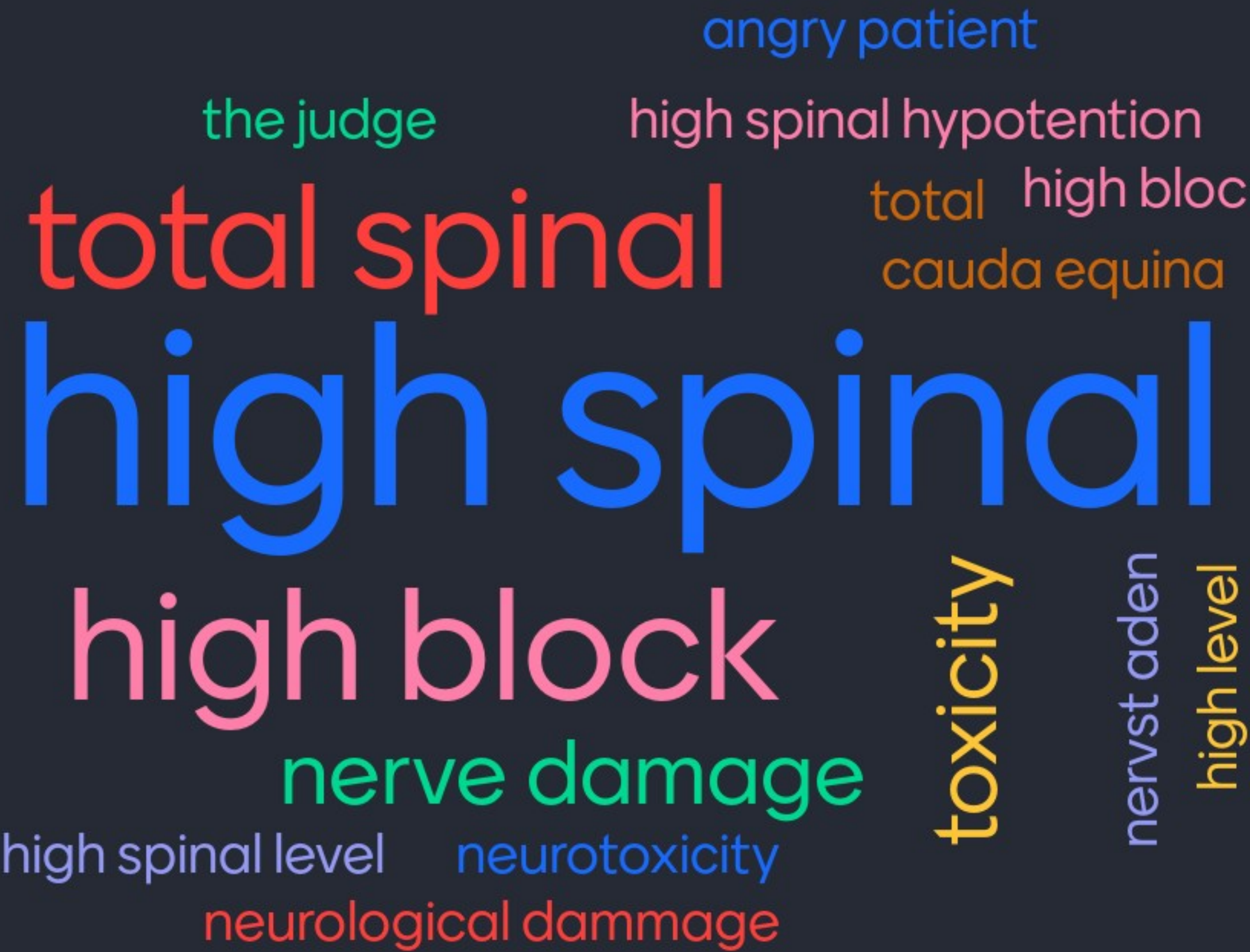


What would you do ?

- Proceed with C-section
- Repeat a neuraxial technique
- Perform a General anaesthesia
- Wait until block regress and redo a neuraxial
- Unknown

When repeating a neuraxial technique. Which complication concerns you most?

61 responses



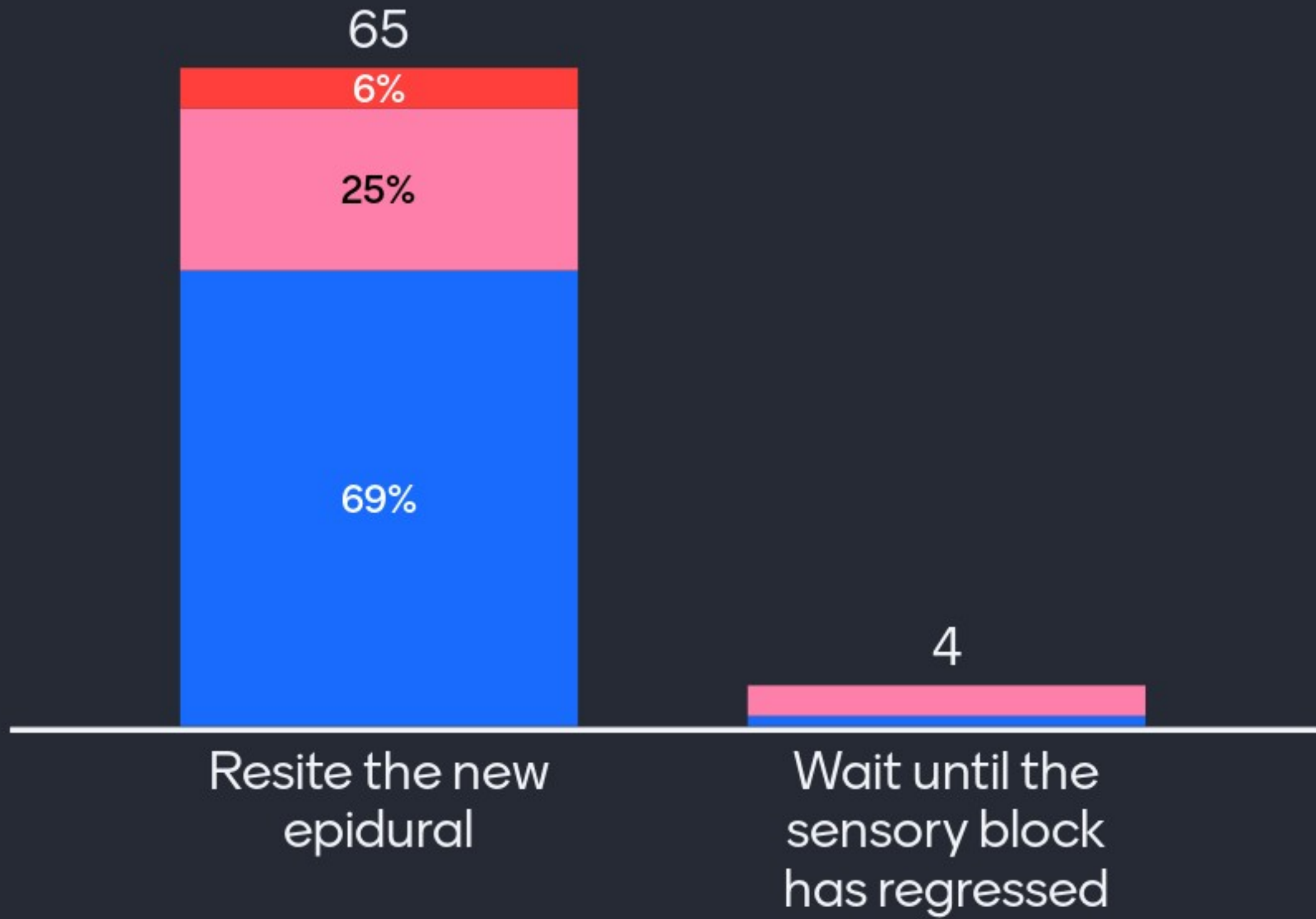
Case N° 2: epidural analgesia for vaginal delivery

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PIEB (Ropi 0.1% / Suf 0.25)
Automated bolus 8ml/50 min, Patient bolus 5ml/15 min

1h15 min later
Patient continues to feel pain on the L side
Sensory block: T9 R side / L3 L side
No motor blockade.

No improvement after withdrawal and bolus, you decide to repeat the epidural. You realize that the lumbar region is anesthetized. What would you do?



No improvement after withdrawal and bolus, you decide to repeat the epidural. You realize that the lumbar region is anesthetized. What would you do?

- Resite the new epidural
- Wait until the sensory block has regressed
- Unknown

Case N° 3 epidural analgesia for Cesarean section

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LOR 4 cm , catheter @ 8.5 cm

Analgesia has been adequate.

Only one additional doctor's bolus

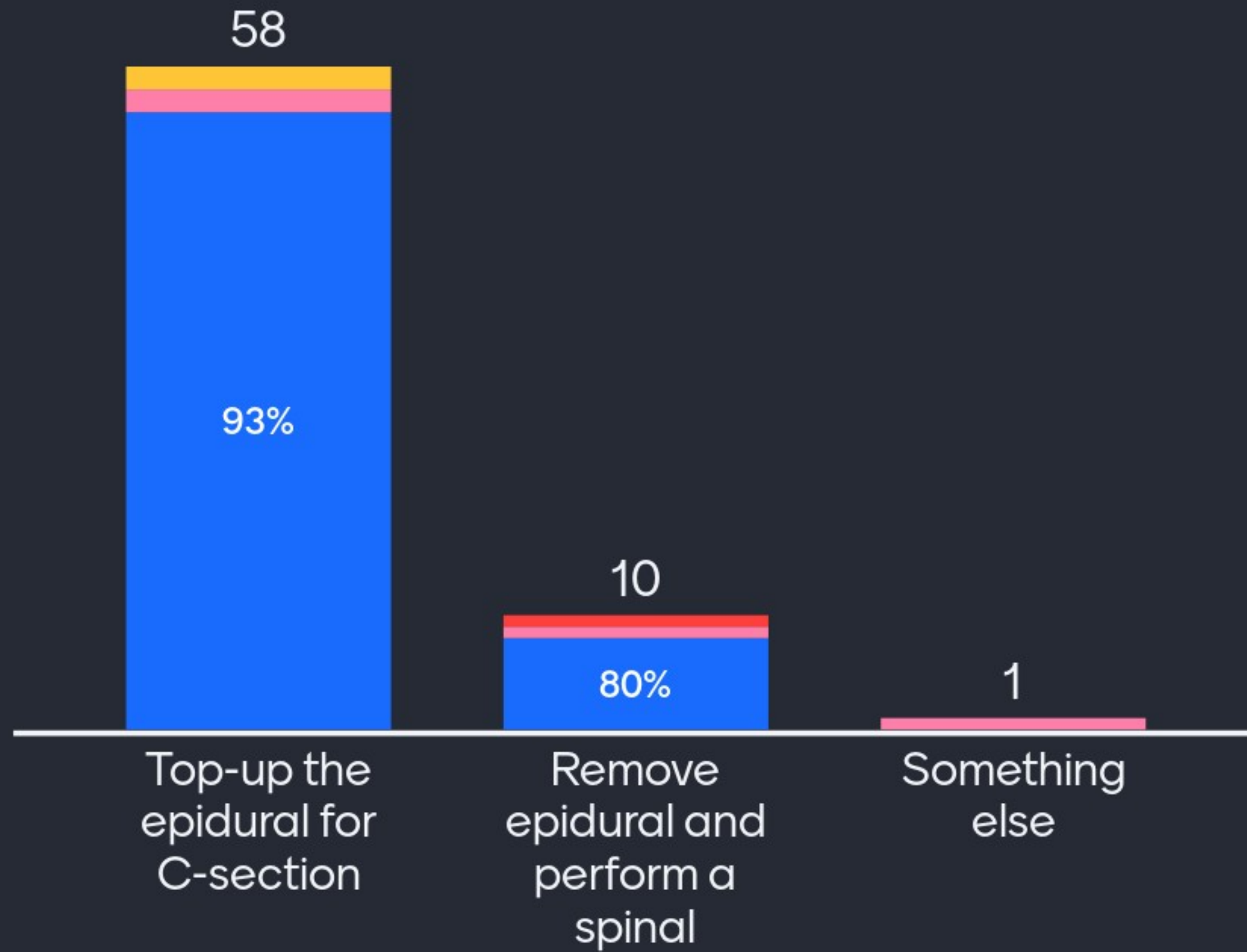
Patient requires a C-Section for labour dystocia @7 cm

Patient is comfortable.

Sensory block: T7 R side / T10 L side

No motor blockade.

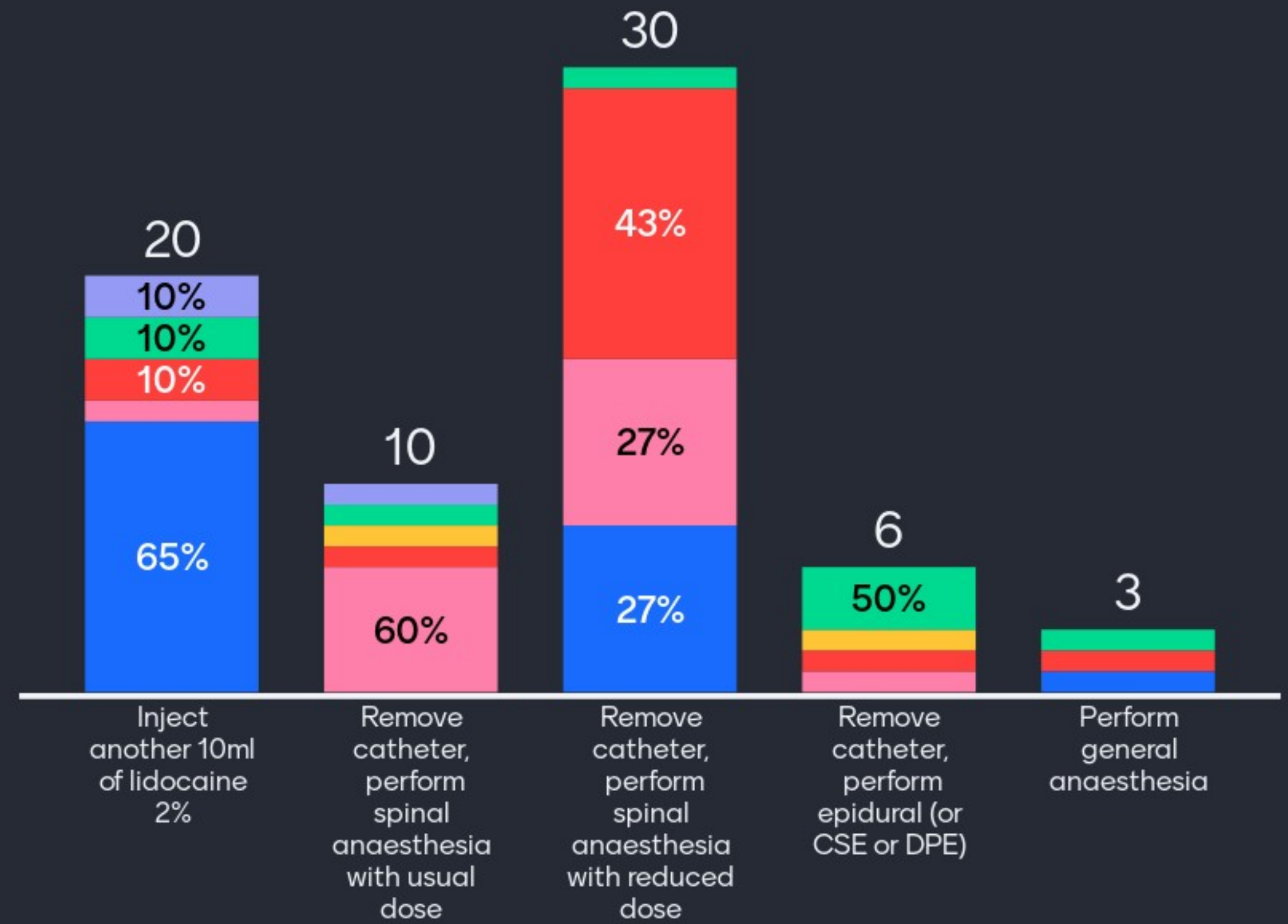
What would you do ?



What would you do ?

- Top-up the epidural for C-section
- Remove epidural and perform a spinal
- Something else
- Unknown

You have topped-up the epidural with 10ml lidocaine 2% (+ bic + adre). 10 min later: no motor block, sensory level unchanged. What would you do ?



- You have topped-up the epidural with 10ml lidocaine 2% (+ bic + adre). 10 min later: no motor block, sensory level unchanged. What would you do ?
- Inject another 10ml of lidocaine 2%
 - Remove catheter, perform spinal anaesthesia with usual dose
 - Remove catheter, perform spinal anaesthesia with reduced dose
 - Remove catheter, perform epidural (or CSE or DPE)
 - Perform general anaesthesia
 - Unknown

Discussion with a view to an SAOA statement