Survey of the Management of Intrathecal Catheters

KK Ramaswamy
M Bhardwaj
A Burumdayal
R Russell

Nuffield Division of Anaesthetics
Oxford University Hospitals, Oxford, UK
Background

- Accidental dural puncture (ADP) rate
- Intrathecal catheter use
- Proposed benefits
- Suggested risks
- Evidence for best practice
Aims

• Current UK practice
• Management of intrathecal catheters
  loading
  maintenance
  monitoring
  removal
Methods

• OAA approved questionnaire
• Lead UK obstetric anaesthetists
• October-December 2011
• Use of intrathecal catheters
• Labour analgesia
• Caesarean section
Management of intrathecal catheters

Results

• 75% response (158/210)
Use of intrathecal catheters

Recognised with Tuohy

Recognised with catheter/test dose

<table>
<thead>
<tr>
<th></th>
<th>epidural</th>
<th>spinal catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>resite</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>epidural catheter</td>
<td>40</td>
<td>80</td>
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</tbody>
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Local anaesthetic use

**Loading**
- 0.1% bupivacaine: 24%
- 0.25% bupivacaine: 19%
- 0.1% levobupivacaine: 15%
- Other: 15%

**Maintenance**
- 0.1% bupivacaine: 23%
- 0.1% levobupivacaine: 21%
- Other: 21%
Topping up for caesarean section

- hyperbaric bupivacaine
- diamorphine / fentanyl
- increments / single dose
- block height
- consultant presence
Safety features

• 32% flushed with saline
• 25% extra aseptic precautions
• 100% anaestheticist only top-ups
• Communication
  100% record in notes
  67% label catheter
  70% inform case midwife
  70% discuss at anaesthetic handover
  53% inform midwife in charge
  27% inform obstetrician
• 64% guidelines
Catheter removal

- Immediate
- 12 h
- 24 h
- Other

Management of intrathecal catheters
Discussion

- Increasing use
- Communication
- Flushing
- Asepsis
- Evidenced based practice
- Guidelines