Abstract # 131

Analgesia and Anesthesia with a 23-Gauge Continuous Spinal Catheter

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Labor analgesia was performed with a 23-gauge continuous spinal catheter (Wiley, Epimed, Johnstown, NY) in six patients from Sept. 2009 through Jan. 2011, with one patient converting to Cesarean delivery with anesthesia using the same catheter. Patients varied in age from 16 to 25 years, all but one were nulliparous. Initial dose after the catheter insertion was 1 mL of 0.25% bupivacaine, with or without 20 mcg of fentanyl, depending on the level of pain relief achieved. Subsequent maintenance was by 0.125% bupivacaine with 2 mcg/mL fentanyl solution, given as intermittent boluses in one patient, or 1-1.5 mL/hr infusion in the rest. All patients had satisfactory pain control upon the initial dosing, subsequent redosing, or infusion. One patient had a dense motor block that required discontinuation of the infusion for one hour. The lowest mean arterial blood pressure decrease was 34% in one patient, between 20% and 30% in two patients, and less than 20% in the rest. In a 19-year-old patient, the catheter was removed immediately after a 5.3-hr labor course. The patient subsequently developed a dural puncture headache that was treated with a blood patch. The catheter indwelling time in the rest of the patients ranged from 8.1-17.3 hrs with no subsequent headaches. In the one patient converted to Cesarean delivery due to non-reassuring fetal heart tracing unrelated to maternal blood pressure, a total of 4 mL of 0.5% bupivacaine, along with 20 mcg of fentanyl, was given via the indwelling catheter to achieve anesthesia for surgery.