



Assessment of neuraxial block and management of intraoperative pain in obstetrics

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INTRODUCTION

- There is no globally accepted definition of an inadequate neuraxial block (NAB) for Caesarean section (CS)
- Loss of light touch to T5 is accepted as 'adequate NAB'¹
- No single consistent method for NAB assessment

AIMS

- To review current NAB testing practice across our trust
- To produce clear guidance on a standardised approach to block testing and management of 'failed' block

METHODS

- Pre-intervention survey of current practice sent to all anaesthetists delivering obstetric anaesthesia

RESULTS

Table 1: Primary NAB testing modalities	
Modality	%
Motor block & cold touch	34.8
Motor block, cold touch & pain	16.7
Motor block, soft touch & cold touch	12.1
Motor block, soft touch, cold touch & pain	9.1
Motor block, soft touch, cold touch, pain & sympathetic	7.6
Motor block, cold touch & sympathetic	3.0
Motor block	3.0
Cold touch	3.0
Motor block, soft touch, cold touch & sympathetic	1.5

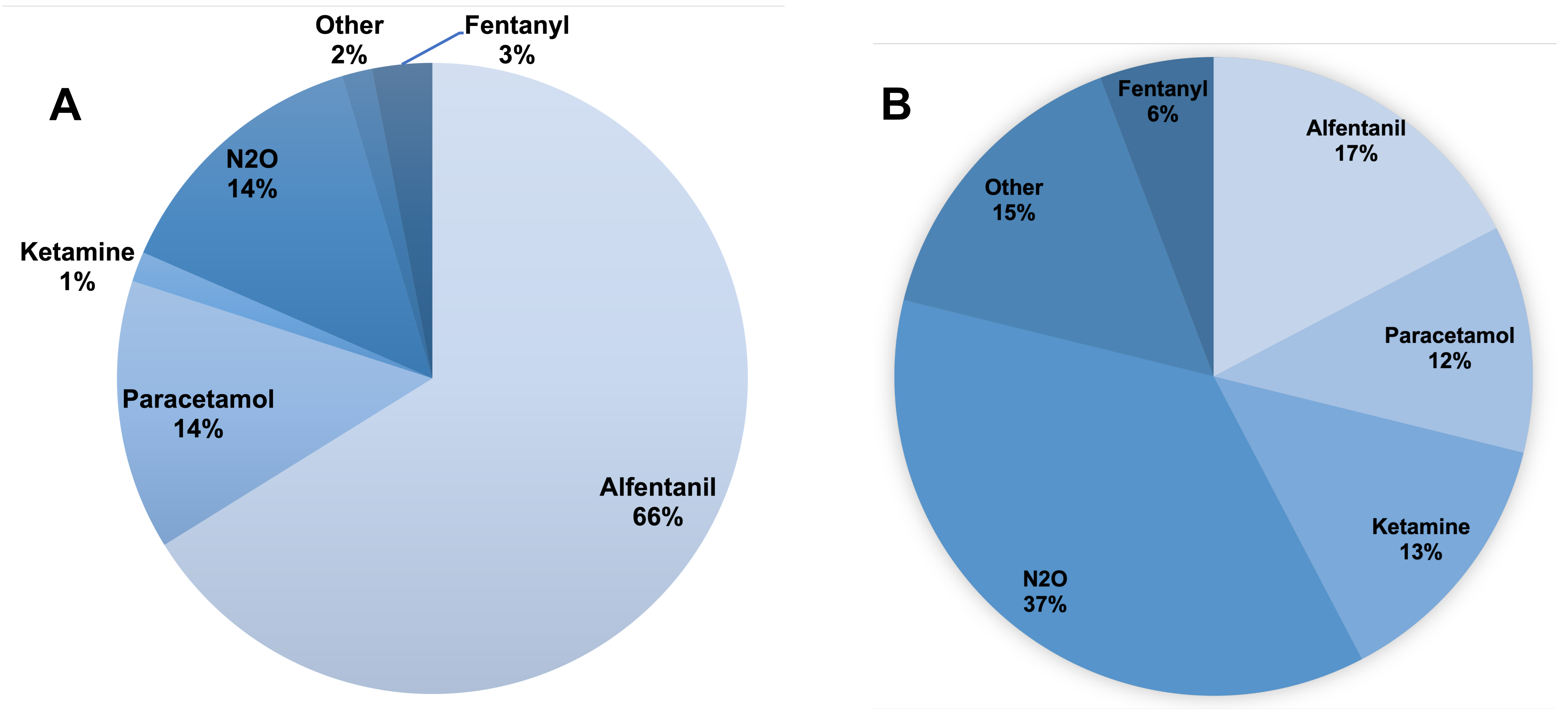


Figure 1. First (A) versus second (B) choice of intraoperative analgesia

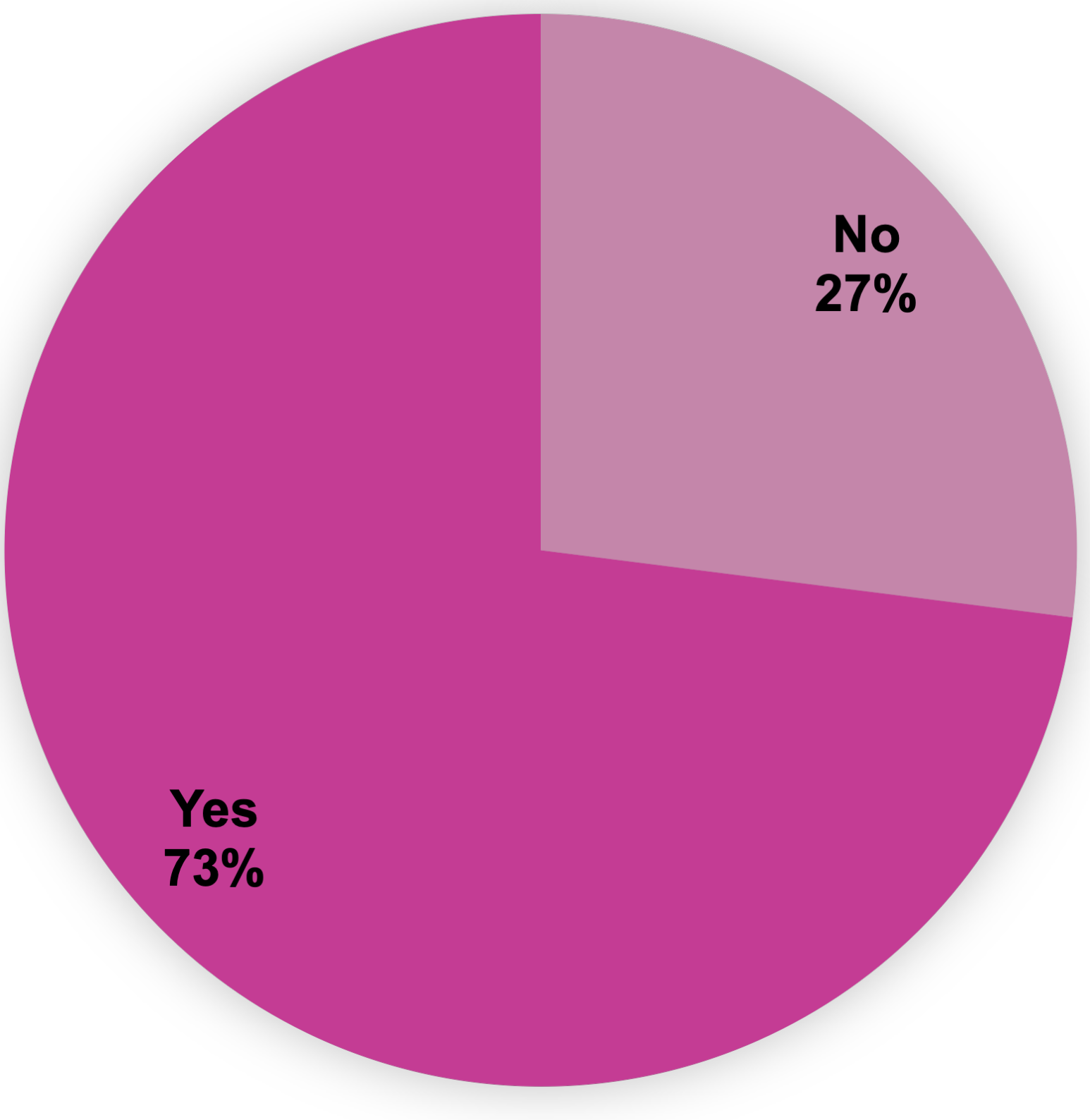


Figure 2. Percentage of anaesthetists offering intraoperative GA

DISCUSSION

- Significant difference for both assessment and management of NAB
- Cold touch is the primary sensory modality used
- Alfentanil is the most popular 1st line intraoperative analgesia adjunct
- Pain during CS can have long term psychological sequelae²
- We will establish a consensus and develop an evidence-based algorithm to ensure all individuals receive the same standard of care

1 Plaat F, Stanford SER, Lucas DN. Prevention and management of intraoperative pain during caesarean section under neuraxial anaesthesia: a technical and interpersonal approach. *Anaesthesia*. 2022;77:588-597

2 Stanford SER. What is 'genuine' failure of neuraxial anaesthesia? *Anaesthesia*. 2022;77:523-526