

INTRODUCTION

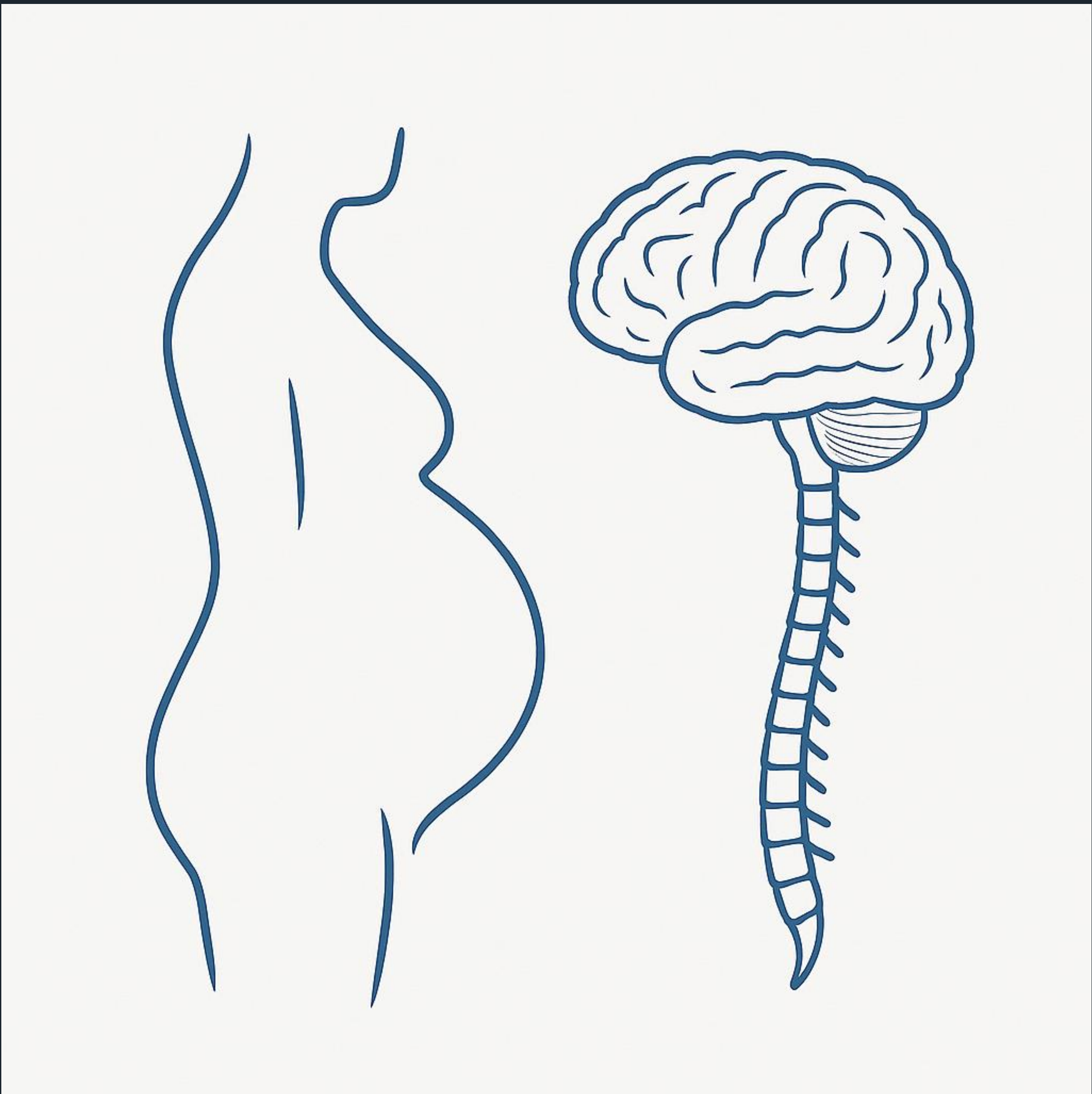
The 3rd National Audit Project of the Royal College of Anaesthetists showed complications of central neuraxial block (CNB) in obstetrics are very rare. In 2022, we perceived an increase in our workload reviewing patients with lower limb neurology post-CNB. Since 2022 we have also had a series of patients requiring urgent transfer to a tertiary centre for MRI out of hours. We reviewed all cases referred to anaesthesia in 2022 with the aim of creating a pathway for the management of central and peripheral nerve injury post CNB.

METHODS

We reviewed our anonymised obstetric database for 2022. Data collected included anaesthetic intervention, complaint, investigations, follow up and outcome.

RESULTS

We identified 31 cases. 12 had epidurals, 14 had spinals, and five combined spinal-epidurals. Seven had paraesthesia in a Lateral Cutaneous, Obturator or Femoral nerve distribution, 11 had paraesthesia of the sacral area and seven had pain at the site of the CNB. Three had unilateral leg weakness, two went on to MRI. A group had varied complaints including paraesthesia related to surgical incisions. None had neurosurgical intervention. 90% had further anaesthetic follow-up. Documentation was variable despite the existence of a paper nerve injury proforma.



POSTPARTUM NEUROLOGICAL INJURIES

References

- Yentis, S.M. Lucas, D.N. Brigante, L. et al Safety guideline: neurological monitoring associated with obstetric neuraxial block 2020: A joint guideline by the Association of Anaesthetists and the Obstetric Anaesthetists' Association. Anaesthesia. 2020; 75:913-919
- Wadsworth R, Bhatia K. Postpartum complications, follow-up and maternal satisfaction. In: MacLennan K, O'Brien K, Macnab WR, editors. Core Topics in Obstetric Anaesthesia. Cambridge: Cambridge University Press; 2015. p. 201–10.

DISCUSSION

Most issues were identified during Day 1 review. This is the routine practice, following AAGBI and OAA guidance.¹ None had true “Red Flag” symptoms and there was no significant morbidity. Injury patterns show most were consistent with obstetric injury, aligning with recognised prevalence and not attributable to anaesthesia.² Despite this, anaesthetists remained responsible for triage and management of these cases. Inconsistencies in documentation may be partly due to rotational staff not being aware of the nerve injury proforma. Our analysis didn't include post-2022 time-critical transfers but the logistical challenges they present prompted us to incorporate them into new decision-making pathways. A three-stage approach to improve efficiency and safety is being introduced based on the findings of this work:

- Creation of decision-making pathways with MDT involvement to ensure prompt MRI scanning when indicated and appropriate specialty follow up. Figures 1 and 2 show the draft pathways that have been locally reviewed and deemed appropriate by the neurology service. They are pending physiotherapy review before departmental finalisation.
- Digitisation of the nerve injury proforma and decision-making pathways into the new regional electronic record.
- Developing a trust guideline for the management of post-partum neurological injuries to encompass all the above.

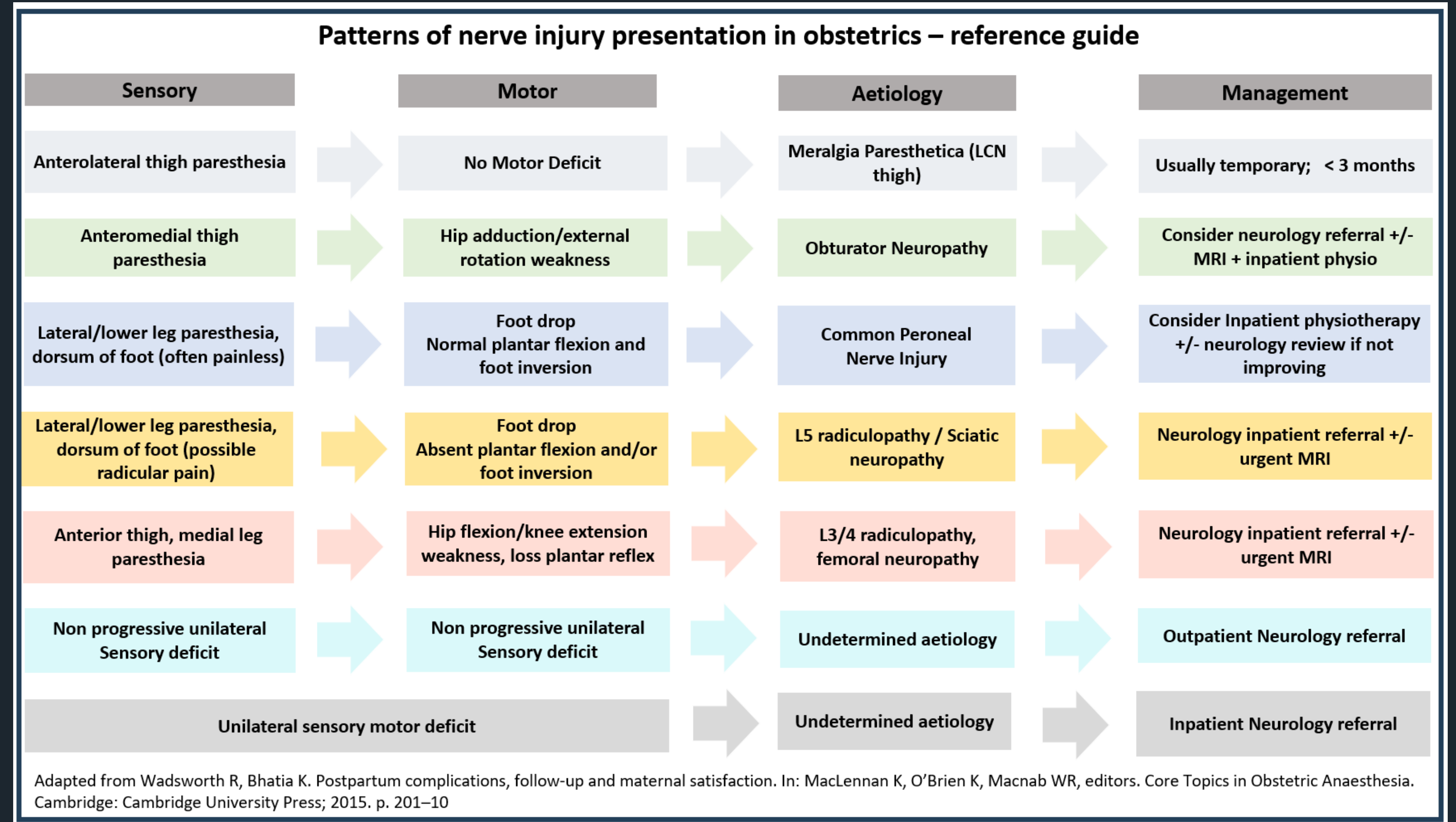


FIGURE 1: Draft decision-making pathway for peripheral nerve injury

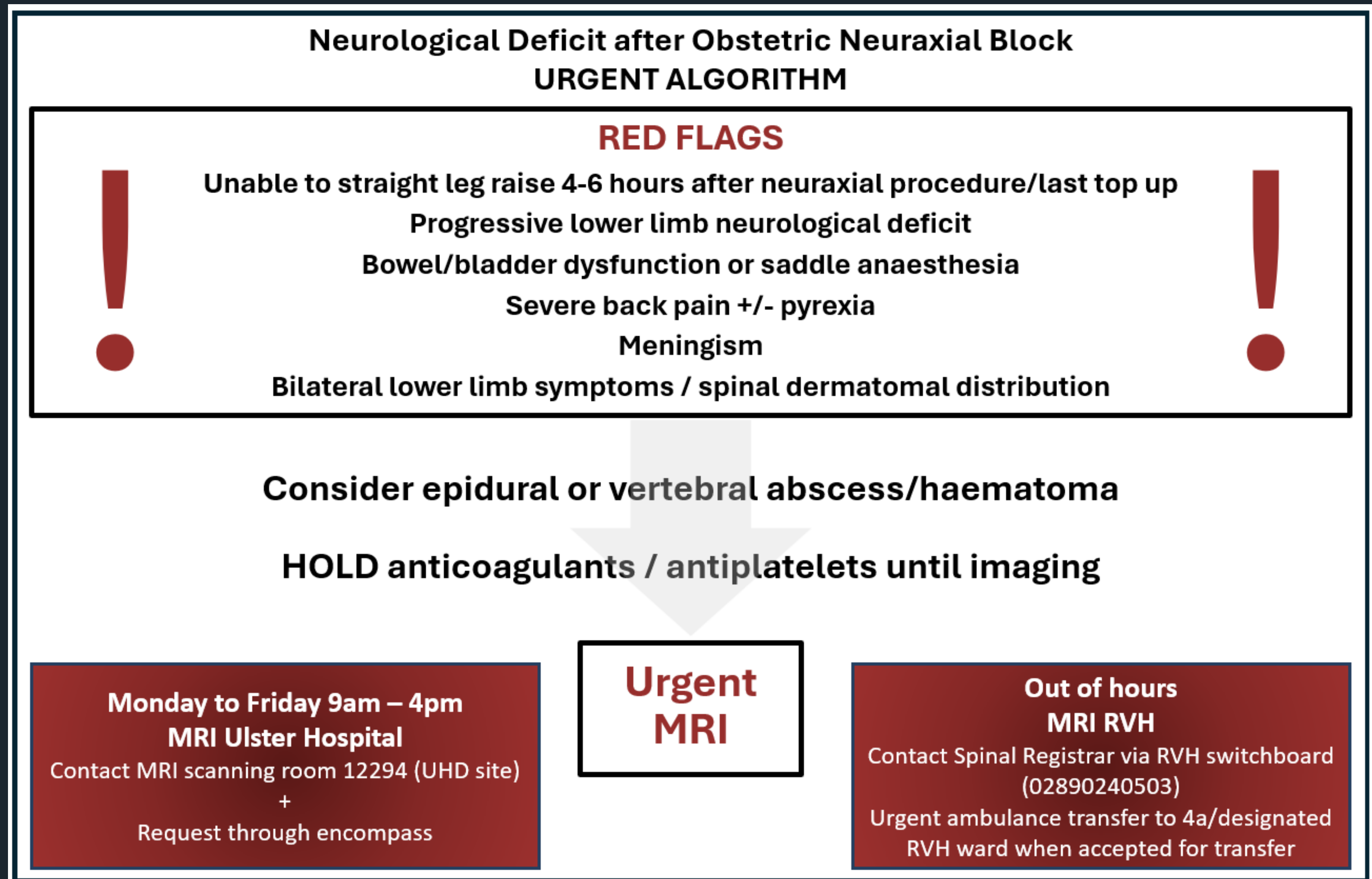


FIGURE 2: Draft Red Flag / Urgent decision-making algorithm