

How does light touch change your practice? A survey of practices on checking the adequacy of regional anaesthesia prior to caesarean birth

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Introduction

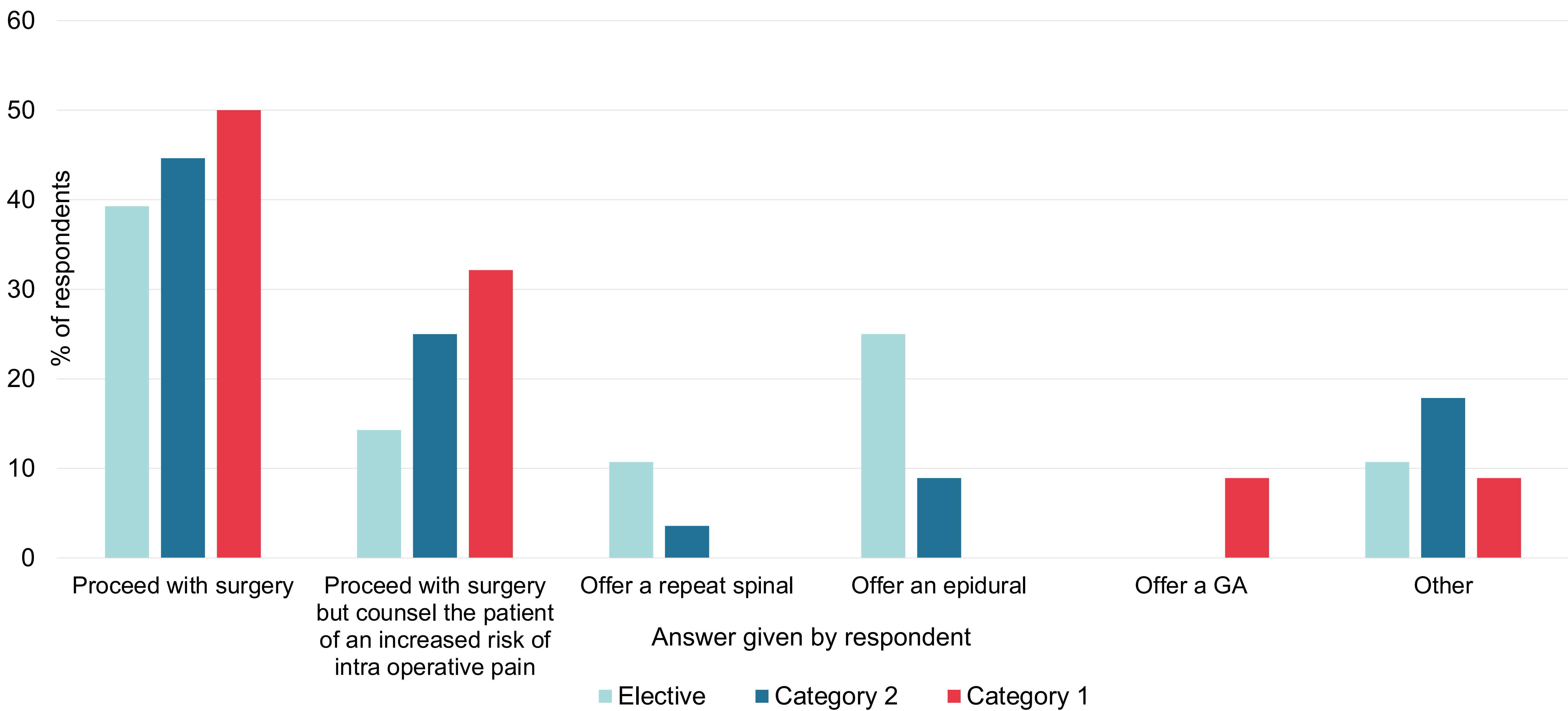
Recent guidelines¹ have standardised and rationalised the approach to checking the adequacy of regional anaesthesia for caesarean birth. Despite the recommendation that block to T5 to light touch is the primary sensory modality, it remains less used than cold and motor block². We conducted a regional survey to establish current practice and crucially, if and how testing for light touch might change practice.

Methods

A survey using Microsoft forms was distributed by email and WhatsApp to obstetric anaesthetists throughout the Severn region between 2nd January and 23rd January 2025. The survey asked respondents to select the modalities they use to check the block and how this is done (e.g. microfilament or gauze for light touch). Respondents were then asked to give their approach to a patient undergoing caesarean birth with a block to light touch to T8 and a block to cold to T4 for varying levels of urgency (Category 1, 2 and 4).

Results

A graph to show how decision making varies with urgency of surgery



Overall, there were 56 respondents with 41% being consultants. The most used modalities were: Cold (98%), motor block (95%) and loss of response to painful stimuli (55%). Only 41% of respondents tested for light touch and of those that did the most used method was to use paper or gauze. Over half (53%) of respondents would proceed with the described block for elective surgery (with or without counselling about an increased risk of pain) and 36% would offer an additional or alternative anaesthetic. However, for a category 1 caesarean birth 82% would proceed and only 9% offer an additional or alternative anaesthetic.

Discussion

The results of our regional survey show that loss of response to cold remains the commonest modality used for checking the adequacy of regional anaesthesia prior to caesarean birth. Whilst at odds with recent national guidance, this is similar to results reported in a recent national survey². There could be multiple reasons for this, and future work could focus on reasons why anaesthetists alter or do not alter their practice in line with national guidance.

With regards to proceeding with surgery, as the urgency of surgery increased, respondents were more likely to proceed with surgery without counselling the patient about an increased risk of pain or offering another type of anaesthetic. This may reflect the longstanding use of loss of cold rather than light touch in emergencies or out of hours and further work to elucidate the reasons behind this are needed.

References

1. Plaat F, Stanford, S.E.R, Lucas, D.N, et al. Prevention and management of intra-operative pain during caesarean section under neuraxial anaesthesia: a technical and interpersonal approach. Anaesthesia. 2022; 77: 588 597. <https://doi.org/10.1111/anae.15717>
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