NEURAXIAL ANESTHETIC MANAGEMENT FOR TUBAL LIGATION AFTER INADVERTENT DURAL PUNCTURE AND SEVERE POST DURAL PUNCTURE HEADACHE

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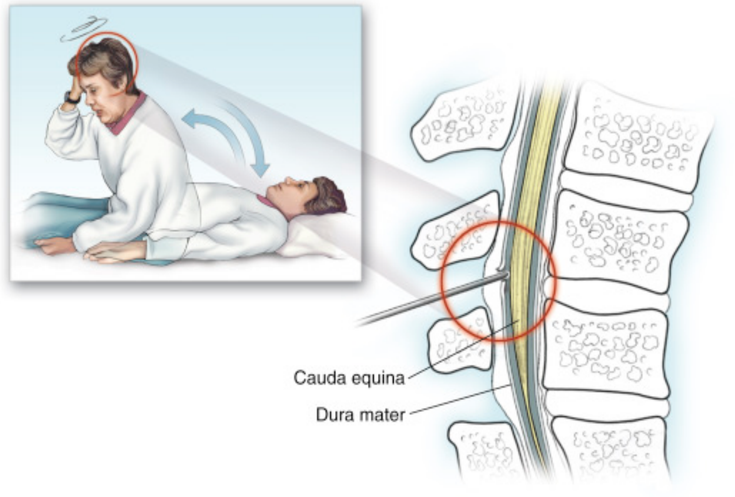

Background:

- Unintended dural puncture (UDP) is one of the most common complications of epidural placement → post dural puncture headache symptoms

- Neuraxial management after IDP is controversial
  - Intrathecal vs. Reseated epidural catheters
  - No concensus in the literature on their use

Case:

31 yo G3P1 in spontaneous labor requesting labor analgesia with neuraxial placement complicated by inadvertent dural puncture

→ IT catheter

Tubal ligation to follow, BUT…

L&D is busy and OR time not possible

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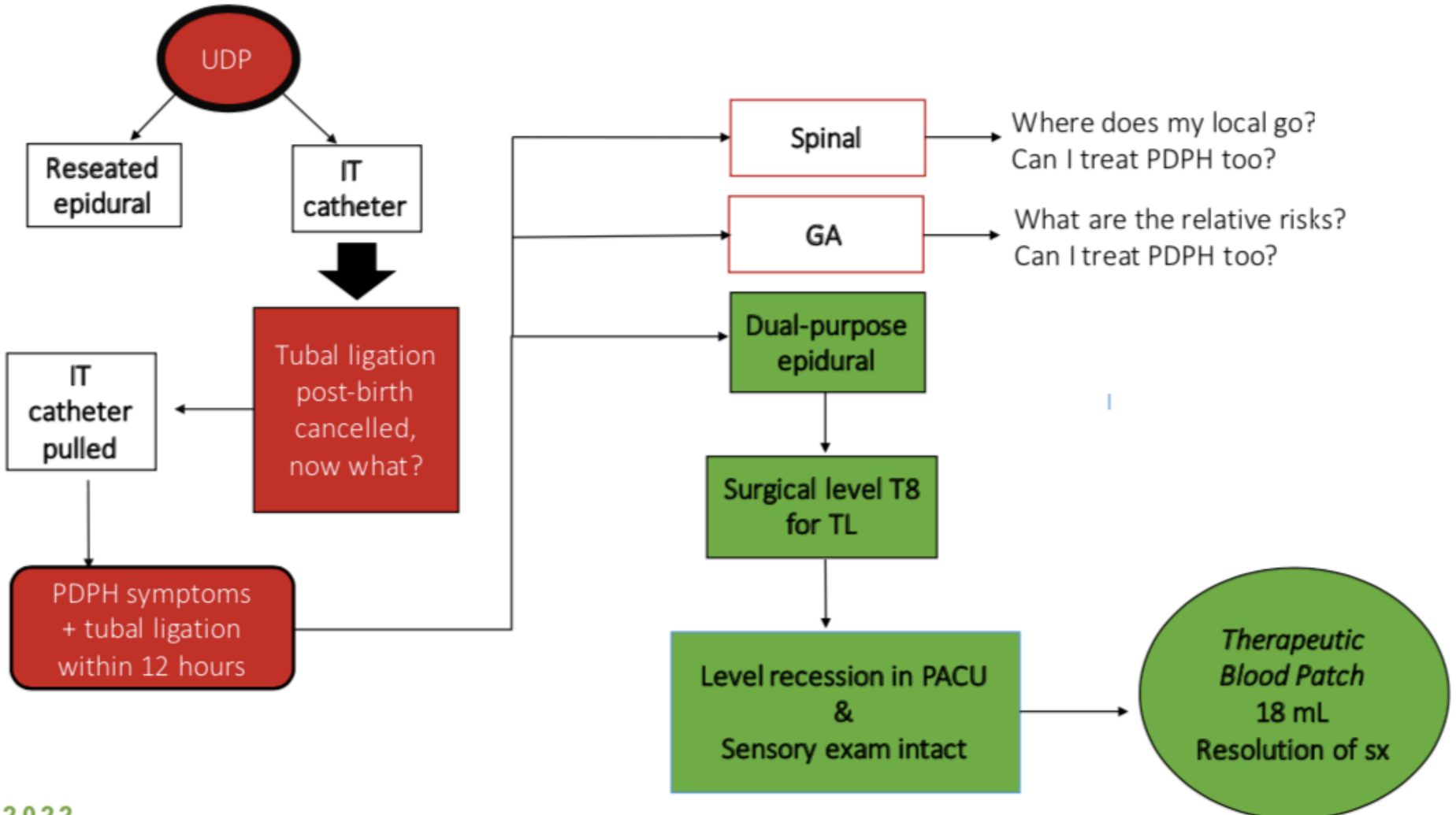
UDP
Reseated epidural
IT catheter
Tubal ligation post-birth cancelled, now what?
IT catheter pulled
PDPH symptoms + tubal ligation within 12 hours
Spinal
Where does my local go?
Can I treat PDPH too?
GA
What are the relative risks?
Can I treat PDPH too?
Dual-purpose epidural
Surgical level T8 for TL
Level recession in PACU
&
Sensory exam intact
Therapeutic Blood Patch
18 mL
Resolution of sx

DISCUSSION

- Best case scenarios aren't always feasible in L&D

  Ideally - Use IT catheter for TL

- No evidence for the use of ***prophylactic*** epidural blood patches
- Dual-purpose epidural catheter placement for patients s/p UDP with headache who require anesthesia (e.g., TL) can be effective and safely used for both surgical anesthesia and ***therapeutic*** blood patch

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