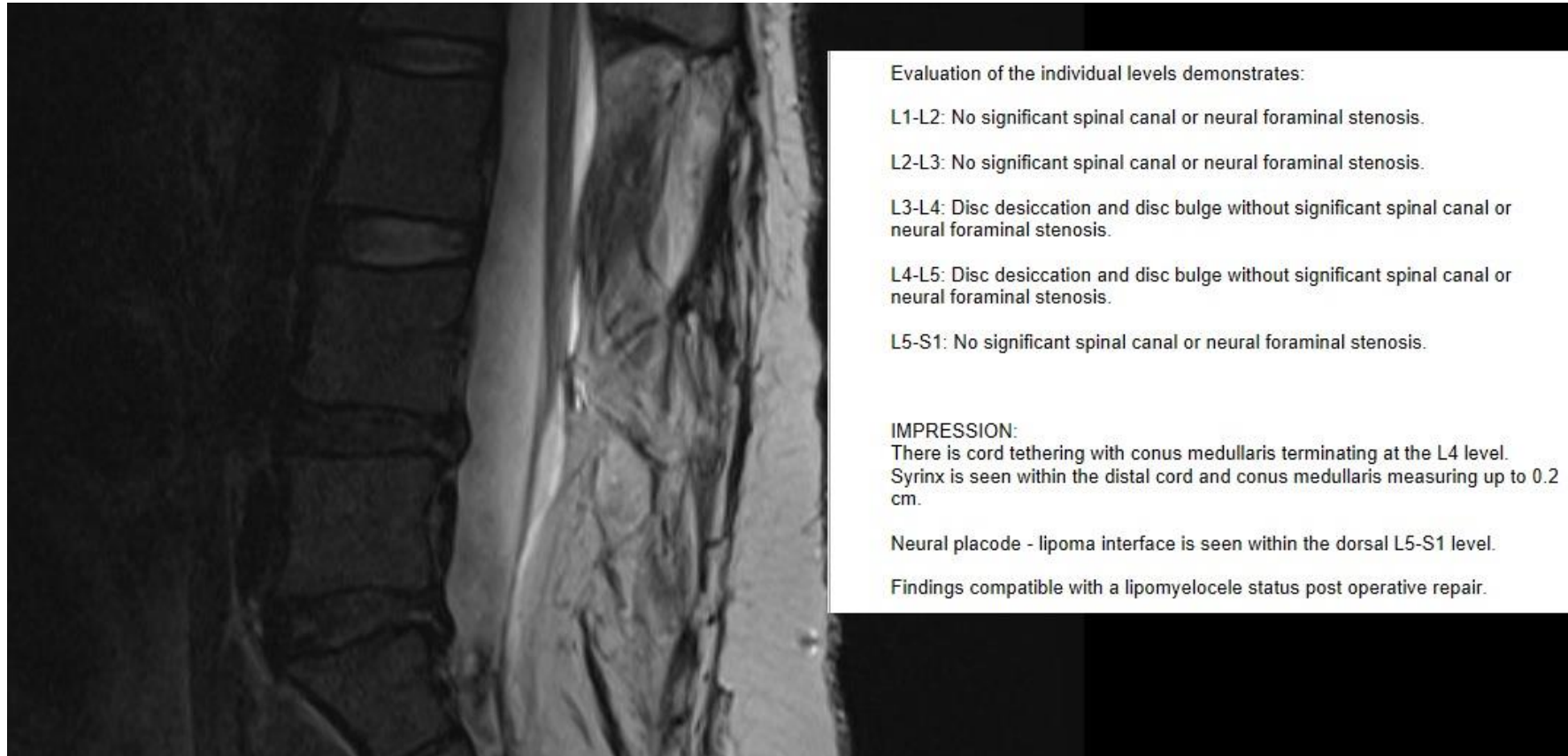


Neuraxial Anesthesia for Cesarean Delivery in a Patient with Tethered Cord, Syrinx, and Spina Bifida with a Neural Placode-Lipoma Interface

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- A 36 y.o. G3P2002 with a history of repaired open neural tube defect strongly desired to remain awake for repeat Cesarean delivery.
- MRI demonstrated a tethered cord, syrinx, and neural placode-lipoma interface.
- Spinal anesthesia was contraindicated and lumbar epidural placement was deemed too high-risk given her anatomy.
- Given history of prior Cesarean and thus potential for adhesive disease requiring increased operative time, anesthesia would need to be both effective in achieving dermatomal spread for the duration of her surgery and safe as it pertained to her anatomy.

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- A 17-gauge Tuohy needle was inserted directly into the epidural space and no catheter was placed.
- Three milliliters of 2% lidocaine with epinephrine were bolused at three-minute intervals through the Tuohy needle. The rising level was regularly assessed via sharp pinprick. An appropriate level was obtained with 15 milliliters of 2% lidocaine with epinephrine and 100 micrograms of fentanyl total across 18 minutes.
- The patient tolerated the procedure well and her pain during surgery was adequately controlled. She had an uncomplicated postoperative course and was discharged home postpartum day two.