

INTRODUCTION

- Interscapular pain is an infrequently discussed complication of epidurals
- Exact etiology unknown, but it may result from:
 - Rapid infusion of fluid stretching the meninges
 - Epidural air entrapment
- Seen with both loss of resistance with air and saline techniques

METHODS

Standard

Intervention

Solution

Bupivacaine 0.0625% with
Fentanyl 2mcg/mL

Bupivacaine 0.0625% with
Fentanyl 4mcg/mL

Rate

12 mL/hr

6 mL/hr

Demand Dosing

6 mL every 10 minutes

3 mL every 10 minutes

Management of Epidural-Associated Interscapular Pain

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RESULTS

BMI	Neuraxial Technique	Initial Pain Score	Pain Score 1 Hour After Adjustment	Pain Type 1 Hour After Adjustment	Pain Score 2 Hours After Adjustment	Pain Type 2 Hours After Adjustment
35.08	CSE	2	0	-	0	-
39.93	CSE	4	0	-	0	-
28.7	DPE	4	5	Interscapular	9	Contraction +Interscapular
26.76	CSE	9	0	-	0	-
35.66	CSE	10	7	Interscapular	0	-
36.78	CSE	10	5	Interscapular	8	Contraction
32.03	CSE	10	0	-	0	-
21.45	CSE	7	5	Interscapular	0	-
32.55	DPE	8	2	Contraction+Interscapular	4	Contraction

DISCUSSION

- Using our treatment method, volume that is infused is decreased, which may decrease pressure in epidural space
- Limitation includes inadequate analgesic level for uterine contractions

REFERENCES

1. Moore JK. Unexplained pain during epidural anesthesia. *Anaesthesia*. 1984;39(7):718-719
2. Shah JL. Epidural pressure during infusion of saline in the parturient. *Int J Obstet Anesth*. 1993;2(4):190-192.
3. Klumpner TT, Paloma Toledo MD, Wong CA, Farrer JR. Interscapular pain associated with neuraxial labour analgesia: a case series. *Canadian journal of anesthesia*. 2016 Apr 1;63(4):475.

Table 1 (right): BMI, Technique and Pain Scores