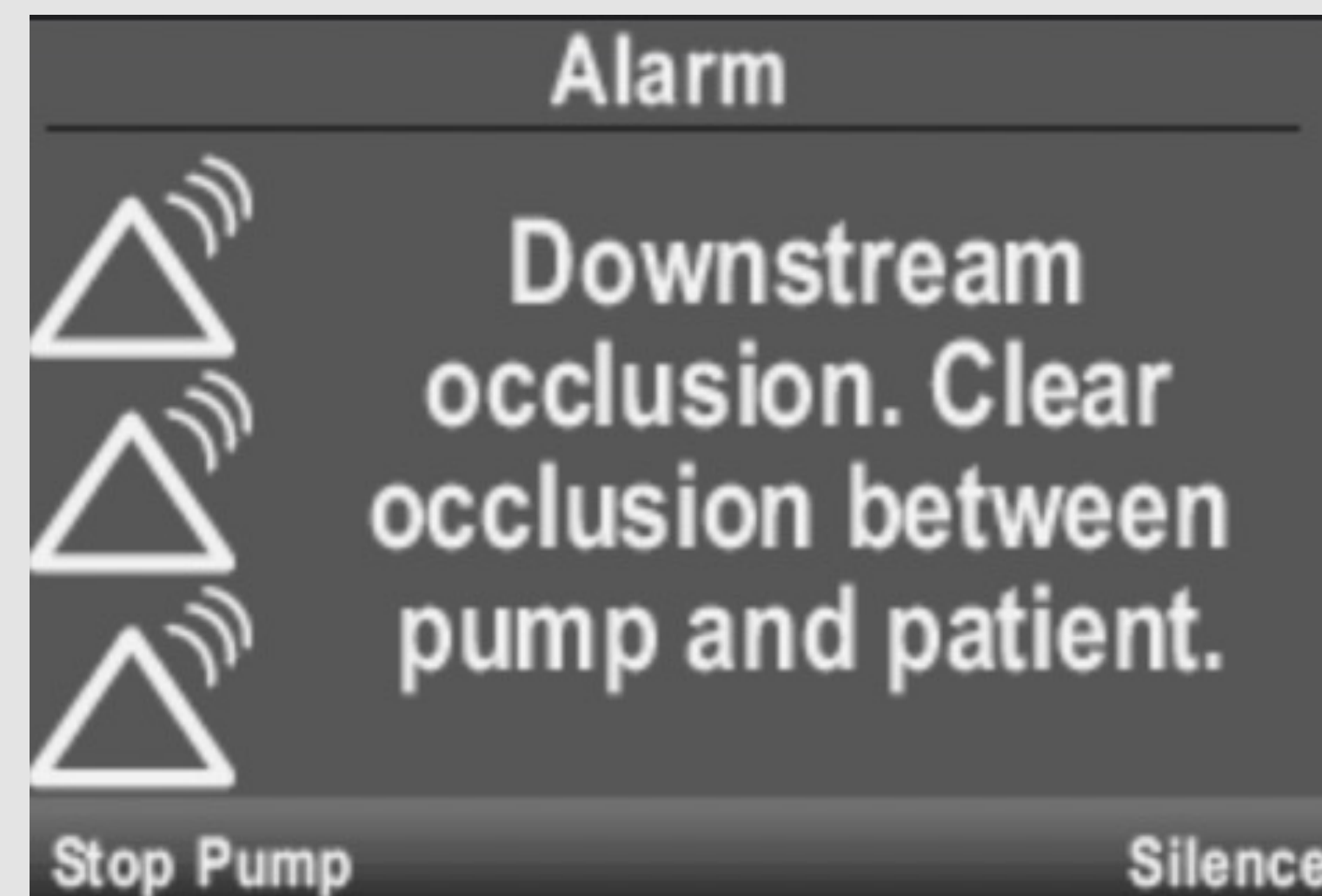


Epidural Catheter Malfunction: A Case Series

M. Montes MD MPH, N.M. Cole MD, C. Thomas MD

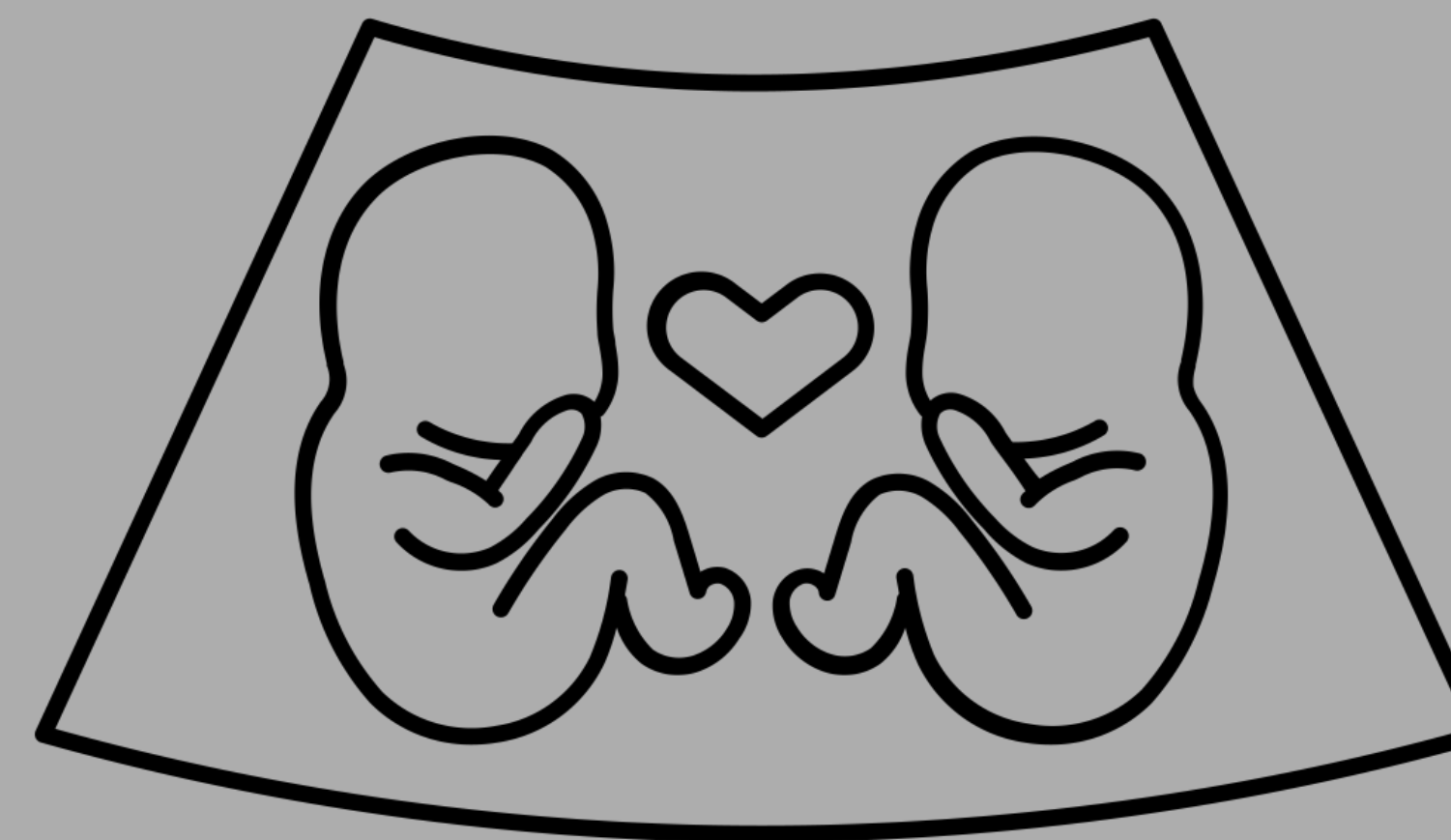
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Case 1: Induction of Labor



- 10am • Uncomplicated epidural, no test dose
- 11am • CADD alarm
- 12pm • Inability to administer manual bolus
- 11am • Catheter trimmed, snaplock replaced
- 12pm • Eventual catheter replacement

Case 2: Breech Extraction



- 10am • Emergently to OR for twin delivery
- 1005 • Uncomplicated CSE
- 1006 • Inability to administer test dose
- 1007 • No time for replacement
- 1010 • Nitrous for breech extraction of twin B

Case 3: HELLP Syndrome



- 10am • HELLP, plt 81
- 11am • Uncomplicated DPE placement
- 12pm • Inability to administer test dose
- 1pm • Snaplock replaced
- 110pm • Catheter immediately replaced

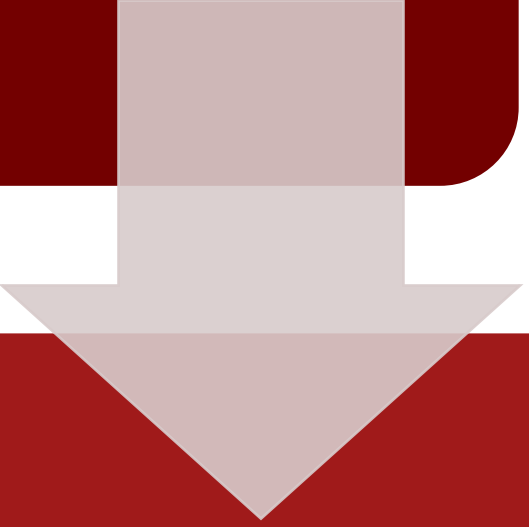


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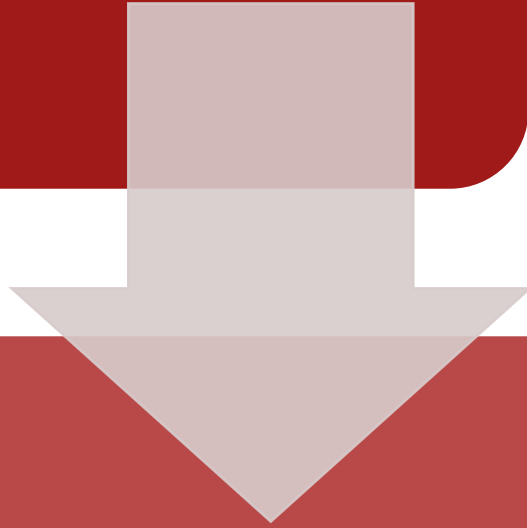
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Management of Catheter Malfunction:

Report to FDA Manufacturer and User Facility Device Experience (MAUDE) Database



Physical catheters and lot numbers were saved



Risk management team manufacturer notified



Immediate clinical practice change → catheter patency interrogated prior to each epidural insertion



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Takeaways:

Rare:

However, significant morbidity if undetected



Causes:

Catheter or snaplock defect, kinked tubing, knots or migration



Action:

Report epidural kit lot numbers to manufacturer & save catheters for testing



Safety:

With recurrent issues test all components of the epidural catheter kit



<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/Search.cfm>

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Each year, the FDA receives several hundred thousand medical device reports (MDRs) of suspected device-associated deaths, serious injuries and malfunctions. The FDA uses MDRs to monitor device performance, detect potential device-related safety issues, and contribute to benefit-risk assessments of these products. The MAUDE database houses MDRs submitted to the FDA by mandatory reporters¹ (manufacturers, importers and device user facilities) and voluntary reporters such as health care professionals, patients and consumers.

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