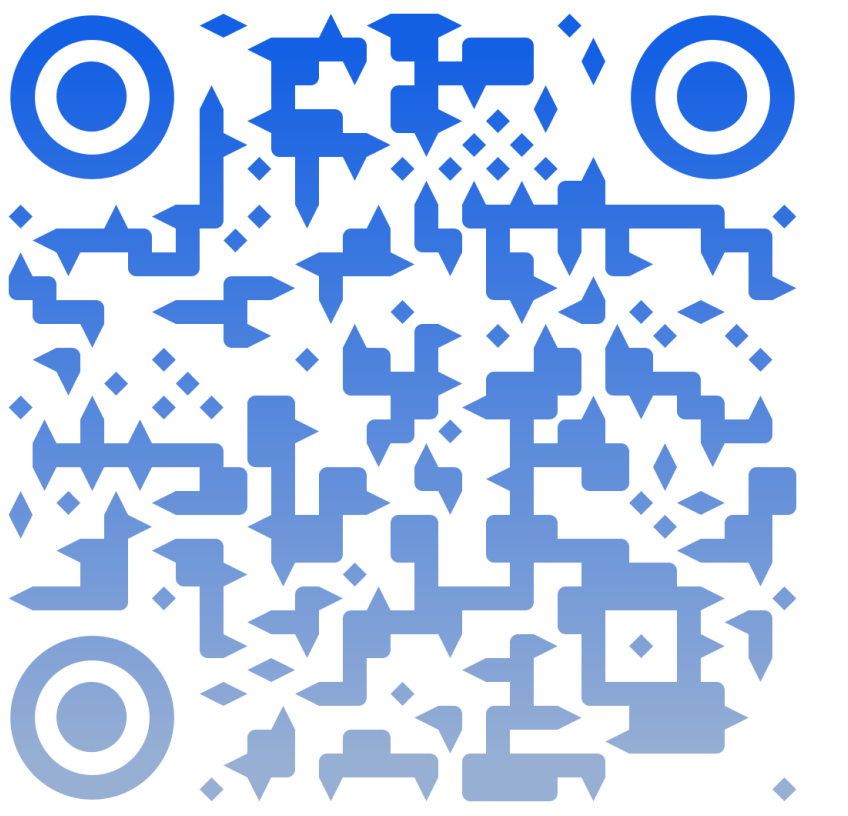


A Complication of Neuraxial: A Case of a Retained Epidural Catheter

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Background:

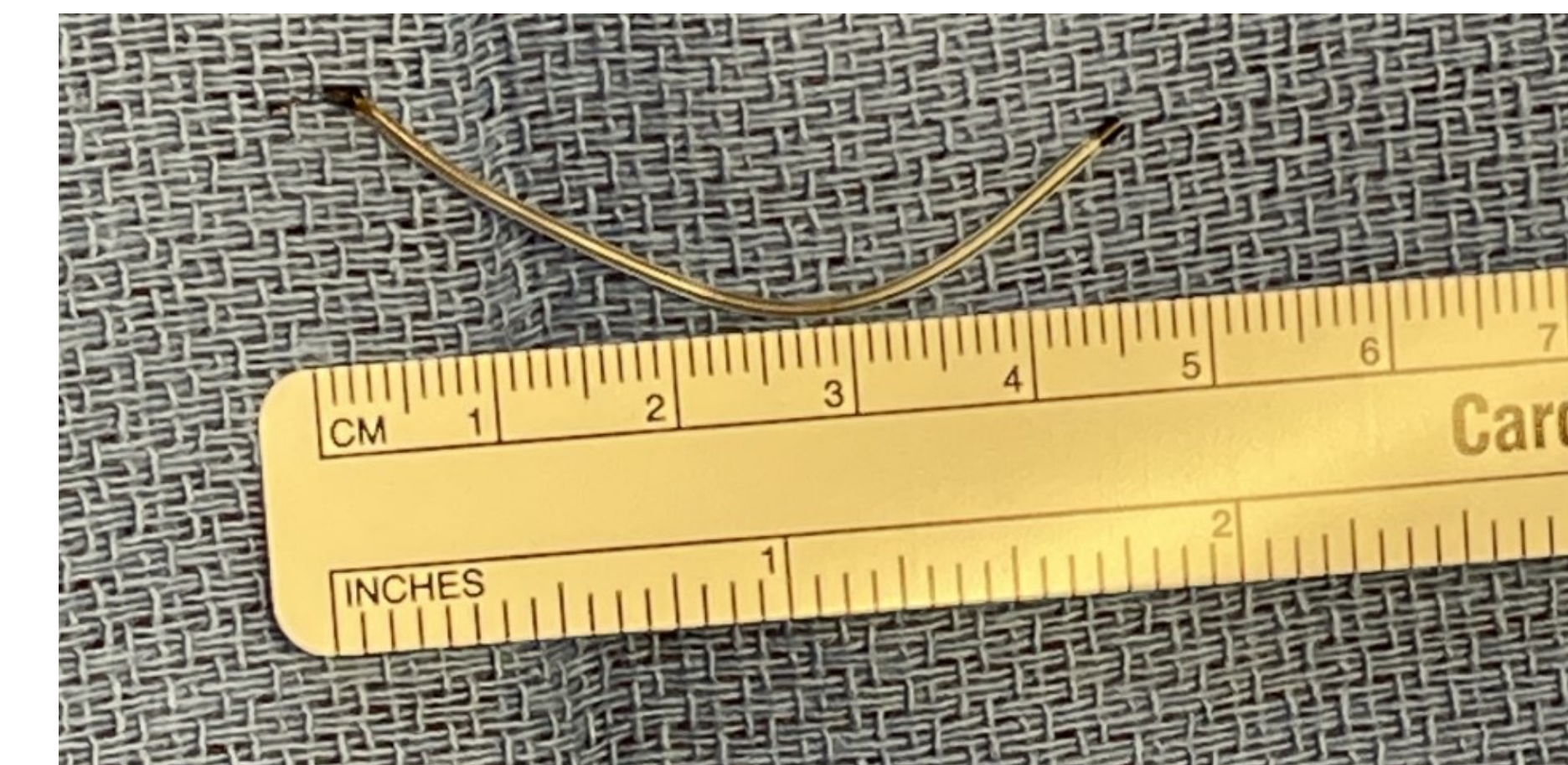
Epidural catheter breakage is a rare complication of neuraxial anesthesia occurring 1 in every 30,000 placements.

23 yo G2P2 s/p NVSD
complicated by QBL 500 mL
required epidural pull.



Neurosurgery consulted, CT
obtained, and patient elected
to undergo surgical removal at
L4-L5 interspinous ligament
on POD5.

Noted resistance and wire
stretching while resident
pulled epidural catheter.
Snapped off at 8 cm.

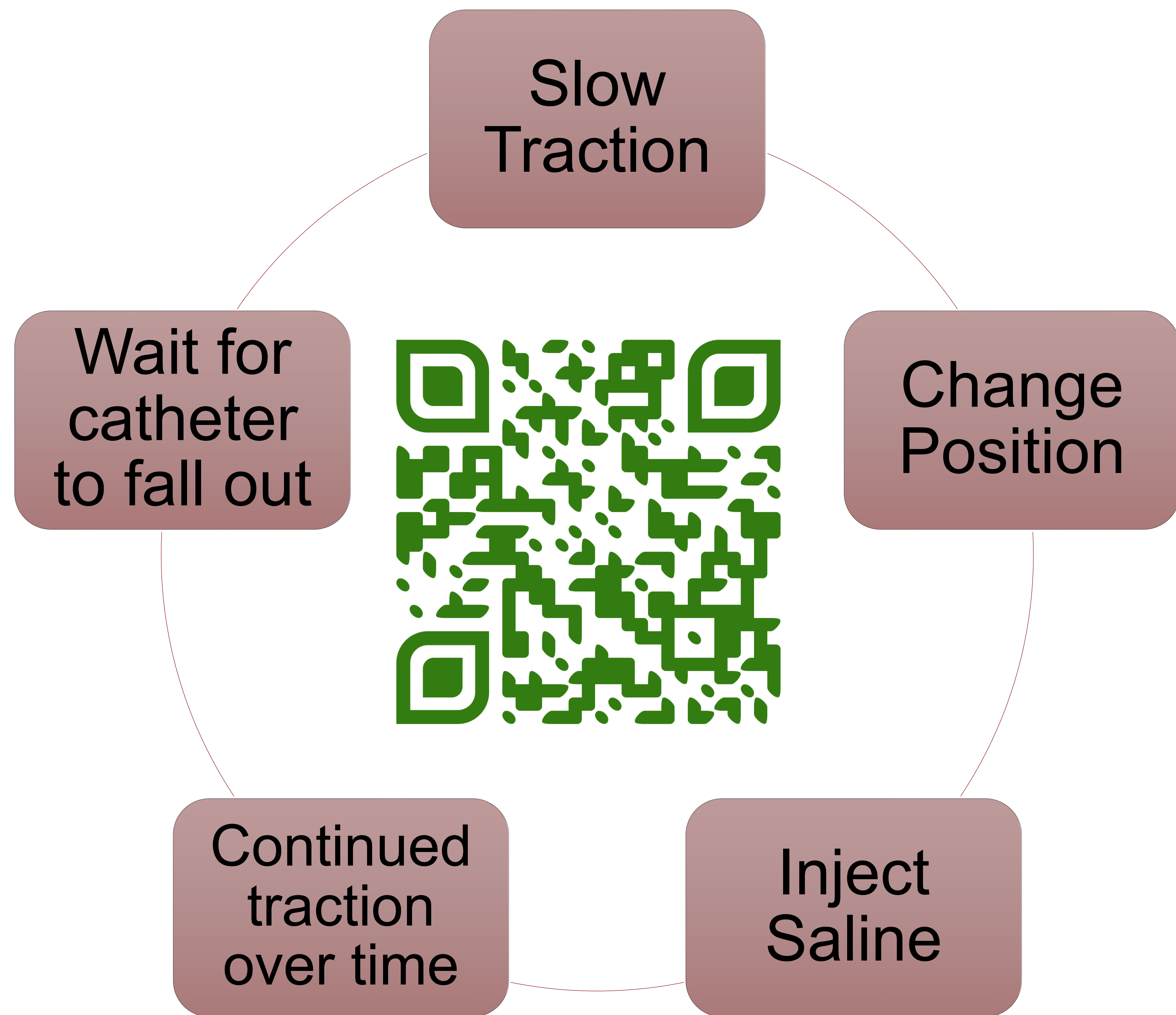


AT THE FOREFRONT

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Should it stay or should it go?



Imaging:

- CT imaging preferred due to higher resolution, can be done more quickly
- MRI of a ferromagnetic wire-reinforced catheter can result in image distortion

Surgical Intervention:

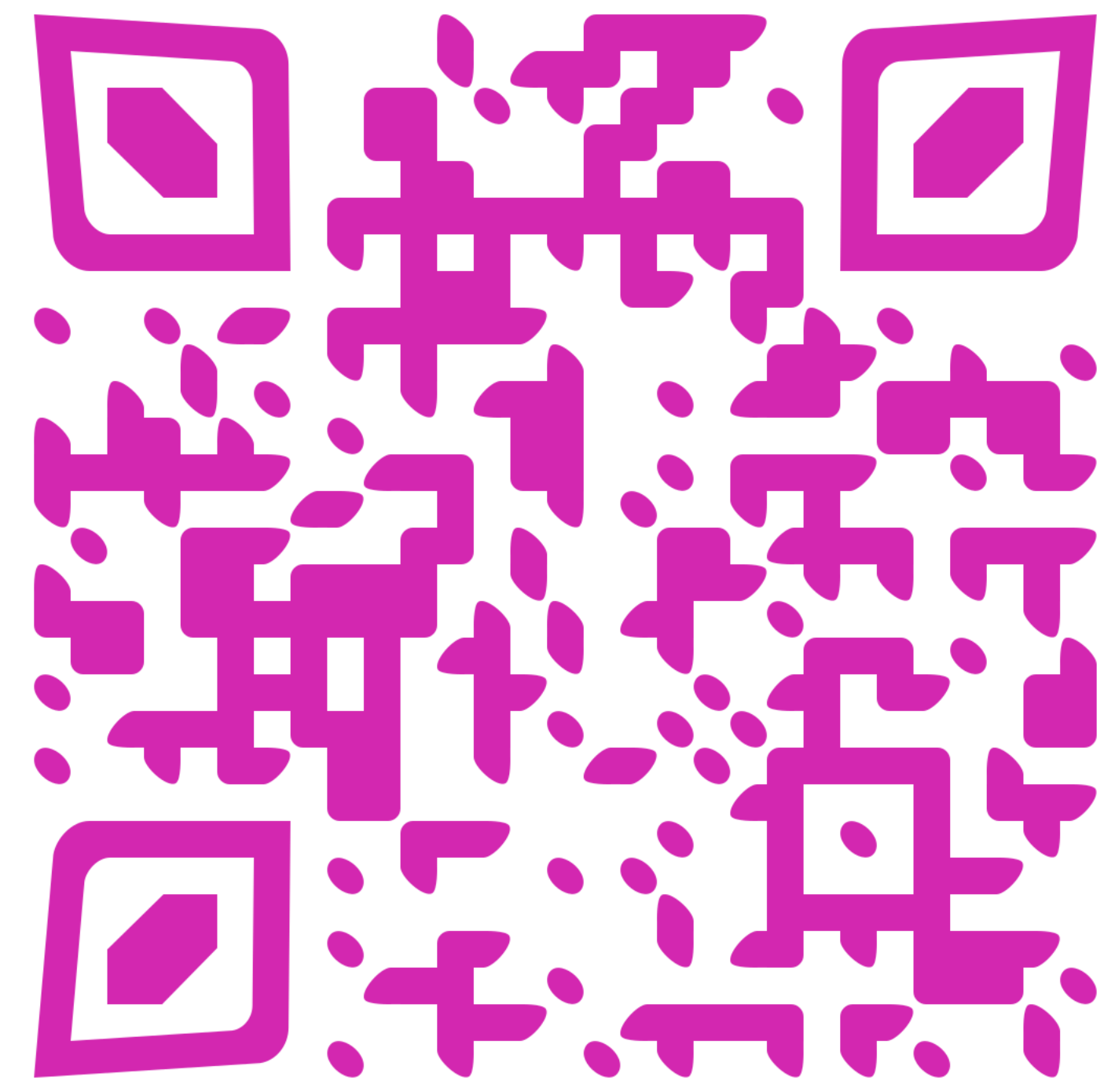
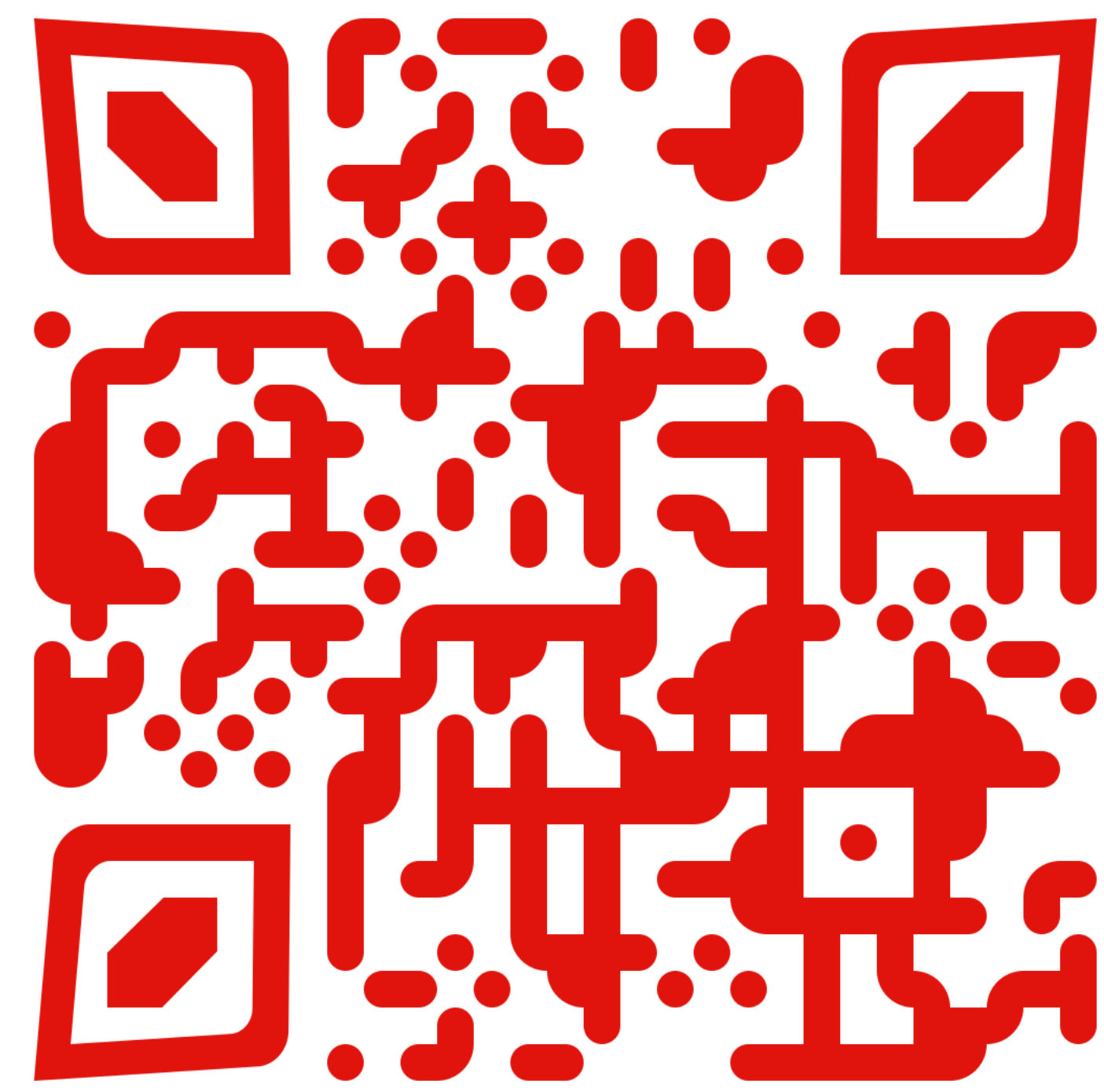
- If fragment lies outside the spinal canal, easy removal may be possible with local anesthesia
- If fragment lies within the spinal canal → more involved surgery including possible laminectomy

Long-Term Implications:

- No evidence of neurologic sequelae with sheared or retained epidural catheter
- No evidence in the literature of increased risk of infection



Key Points:



Many management strategies are available

Discuss catheter fracture right away, get imaging, and consult appropriately

Discuss red flag symptoms with patients:

- New neurologic problems
- Bladder or bowel incontinence
- Back pain

Patients should decide the treatment course that suits them

- Many case reports advocate for surgical removal as once problems start, they are difficult to reverse

