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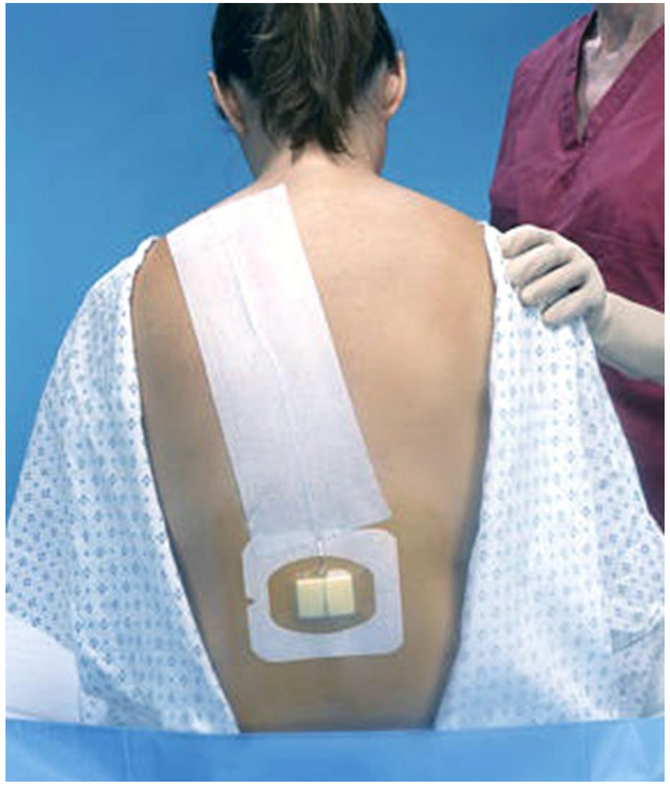
Background

- Accidental dural puncture can result in a post-dural puncture headache in approximately 52-60% of obstetric patients
- When an accidental dural puncture occurs, there are two possible options: remove the Tuohy needle and re-site the epidural catheter or insert the epidural catheter intrathecally for use as a continuous spinal catheter
- Pros: rapid analgesia; may reduce the incidence and severity of the PDPH; can be dosed accordingly for C-section
- We report a pregnant patient who had an intrathecal catheter which later on failed to provide CSF aspiration, which created the clinical dilemma of how to manage this catheter for labor analgesia



Case

- Patient: 27 year old P1 at 38 wks, admitted for induction of labor with category II tracing requested an epidural; no medical history, no surgical history
- Intrathecal catheter accidentally placed, loaded with 0.3 ccs of 0.5% bupi and patient remained comfortable for about 4 hours after which she started to complain of worsening contraction pain; cervical balloon had fallen out at this point
- Aspiration from the catheter yielded nothing and the patient had a level at about the ankles. Five ml of 0.125% Bupivacaine was administered over the course of 5 minutes.
- Patient presentation: hypotensive, slightly drowsy, and the baby showed prolonged decelerations; unable to verbalize but responded to commands; weakness in the upper extremities but not complete immobility
- Multiple pushes of phenylephrine were given, along with a fluid bolus, and supplemental oxygen. Blood pressure responded to phenylephrine boluses and a low dose phenylephrine infusion was started. Fetal heart tracing recovered. After about 20 minutes, the patient started to verbalize feeling better.
- Labor progressed uneventfully and she had a C-Section several hours later for failed induction. Intrathecal catheter was dosed with 0.75% Bupicvacaine to obtain an adequate level.

Teaching Points

- While management of epidural and intrathecal catheters is well known, the gray zone of an intrathecal catheter that migrates can present a challenge for anesthesiologists.
- We present a case with a questionable catheter in hopes of aiding our understanding of how they can be managed for proper pain relief while also keeping mother and baby safe.
- It also highlights the important steps to be taken in the event that a high spinal does occur.