Trapped epidural catheter – a rare anaesthetic dilemma

Gorecha M, Sainsbury KA, Bryant M, Tilak D

Abstract

Introduction: We present a case of a trapped epidural catheter in a lady who had a combined spinal epidural (CSE).

Case Report: A 75-year old lady had an elective left total hip replacement under a combined spinal epidural. Her past medical history included only hypertension. The regional anaesthetic was sited satisfactorily with no immediate complications and the surgery was uneventful. At the end of surgery, the epidural catheter could not be flushed or removed. We were only able to remove it intact using forward lumbar flexion with the catheter flushed with saline, and on examination of the epidural catheter there was a noticeable pinch at 5.5cm.

Conclusion: A trapped epidural catheter is a rare complication but needs careful patient positioning and traction to avoid catheter shearing inside the patient.

Keywords: Orthopaedics, anaesthesia, regional, CSE.

Introduction

This case is important because epidurals are increasingly being used and regional anaesthesia is rapidly expanding within surgery. A combined spinal epidural (CSE) has the advantage of extending the duration of surgery by topping up the epidural catheter. This case is a rare complication where the epidural catheter was stuck and extremely difficult to remove. If too much traction is used to remove the catheter then this could risk tearing the catheter which would then remain within the patient. Successful catheter management with gentle traction and optimal patient positioning allowed us to safely remove the catheter.

Case report

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A trapped epidural catheter is an extremely rare complication and can be due to likely trapping in the vertebral spaces, posterior elements or the lamina. Catheter knotting is also another cause of trapped epidural catheter with an incidence of 0.0015% [2]. The management of a trapped catheter is extremely important as undue force will risk tearing the catheter which will end up remaining inside the patient and is usually not possible to remove. There are a few successful manoeuvres which can be used to facilitate catheter removal including; lumbar flexion, spine rotation, returning patient to the original insertion position and injecting the catheter with saline [3, 4].

**Conclusion**

A trapped epidural catheter is an extremely rare complication and needs careful patient positioning to maximize chances of successful removal. It is important to not apply undue force as this will risk tearing the catheter which would then be left inside the patient.

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### References


### How to Cite this Article