

00008 Retrospective Study of 318 Continuous Spinal Catheters Over a 9 Year Period

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Aims: Continuous spinal anesthesia (CSA) is an under-utilized anesthetic technique due to concerns regarding nerve injury, technical difficulties and steep learning curve. Our objectives were to evaluate the use of CSA in our institution, its efficacy, ease to use and safety over the nine years period.

Methodology: This was a retrospective analysis conducted in a tertiary center. Records of all patients who underwent surgery and received CSA between December 2008 and July 2017 were reviewed. Their demographic profiles, type and duration of surgery were analyzed. The outcomes measured were the success of CSA, technical evaluation and difficulties encountered, intraoperative hemodynamic, usage of vasopressors, and any reported complications.

Result: 318 patients (94%) successfully underwent surgery using CSA. 20 cases failed to complete the operation under CSA thus requiring conversion to general anaesthesia. Patients who have had an initial intrathecal local anesthetic (LA) volume of 1.5 ml or more were 2.78 (OR 95% CI 1.70-4.57) times more likely to have hypotension as compared to those who had less than 1.5 ml ($p < 0.001$). The likelihood was higher in the high-risk group, with odds ratio, OR of 3.60 (95% CI 2.00 – 6.48; $p < 0.001$). There were no reported post-dural puncture headache, neurological sequelae or infection.

Conclusion: CSA is a useful technique for various types of surgeries with high success rate. Our study supports the use of lower initial intrathecal LA below 1.5ml especially in fragile, high-risk patients, for lower abdominal or lower limb surgery. Complications are fewer than previously believed.