

A Knot In My Spine: A Rare Case Of An Epidural Catheter Knotting

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INTRODUCTION:

We present a rare case of a 27 year old woman who presented to our hospital during active phase of labor. Epidural was offered for pain relieve and post delivery there was difficulty in removing the catheter. Multiple methods were attempted however finally it was removed by surgical methods

METHODS:

Delivery for the 27 year old woman was uneventful. However, post delivery, doctors had difficulty removing the catheter and it just would not budge. Despite multiple attempts by many anaesthetist, efforts to remove the catheter were futile. Subsequently, a lumbo-sacral computer tomography (CT) was done and it revealed the catheter coiled to the right L3/L4 facet joint between erector spinae and quadratus lumborum muscle.

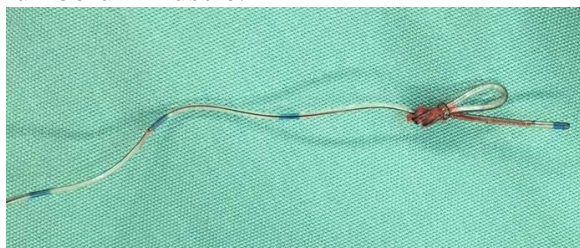


Figure 1: The knotted catheter which was removed

RESULTS:

Our orthopaedic spine team was alerted and after assessment of this patient, we decided to surgically remove the catheter. Intra-operative findings were similar to the CT findings and the catheter was removed using direct visualization. (Figure 1) .

Post operatively patient developed no complications.

DISCUSSIONS:

Incidence of catheter knotting is of 0.0015% and most cases involve obstetric patients (88%). Methods for removal include gentle, firm and constant traction, or changing the position from

flexion to extension to loosen the adhesions, or topical application of hot packs to soften the tissues, or saline injection while pulling the catheter. However in our case surgical intervention was needed. If the catheter is broken during removal, it has been suggested that catheter fragment may be left *in situ* with limited risk of harm to the patient. Continuous monitoring is suggested given the risk of infection related to a retained foreign body.

CONCLUSION:

Extra caution should be exercised while removal of an epidural catheter and imaging should not be delayed in cases where there is difficulty in removing it.

REFERENCES:

1. Joselyn A, Bhalla T, Schloss B, Martin D, Tobias J. A case report of a retained and knotted caudal catheter. Saudi J Anaesth. 2014;8:424–7.