Continuous Spinal Analgesia In Trial For Labour Using Wiley Spinal

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We **focused** on : **success rate**, **onset** of analgesia, **mean consumption** of drugs and **side effects** : hypotension, motor block, paresthesia and headache

Results :

Onset of analgesia at any dilatation was 5 up to 10 minutes in all cases. Mean duration of labour was 6 hours (min. 3hours, max. 16h) with a mean consumption of drugs by spinal route of 2.7mg Ropivacaine and 1.8µg Sufentanil hourly. The longer the duration of labour, the less drug was needed (ex : in 2 hours of labour the mean consumption of Ropivacaine was 4.5mg/h and Sufentanil 2.4µg/h versus 2mg Ropivacaine /h and 1.4µg Sufentanil /h for 16 hours labour. Analgesia was perfect in 80% of cases (VAS = 0) ; in 20% the VAS was 2. All the parturients declared **full satisfaction**.

There were 36 cases of spontaneous delivery, 10 cases with total comfort for operative vaginal (including 2 artificial deliveries) and 5 cases of successful immediate conversion to caesarean delivery Hemodynamic stability was perfect without loading or any vasoconstrictor drugs administration. Motor function was 6 on the modified Bromage motor score for all the parturients.

19 patients (37%) experienced transient paresthesia during the insertion of the catheter intrathecally. 2 patients (3,9%) age 24 and 31 experienced transient migraine at day 3 ; no special treatment was required !

PDPH was identified early after delivery, requiring a blood patch in 2 cases (3,9%) 40 and 38 years old. There were no neurological complications at 30 days follow-up.

Conclusion :

CSA for labour analgesia with Wiley Spinal provides high success rate with rapid onset, and high-quality analgesia at **any stage** of labour.

Minimal doses of drugs are required, especially for long duration labour, affording hemodynamic stability without motor blockade. CSA is a **safe** technique since possibility of immediate successful conversion to C-section if necessary, avoiding the risk of total spinal by misplacement or migration of the catheter, and unknown intravascular injection.

Key Words : **intrathecal 23-gauge over the needle flexible cannula/efficacy/safety**

Background :

The aim of the study, was to evaluate the advantages and drawbacks of CSA in trial for labour using the « Wiley Spinal » 23-gauge over the needle catheter

Material and Methods :

After an ethics committee evaluation and written informed consent, **51** ASA I and II parturients (including diabetes, hypertension, tachyarrhythmia, previous C-section and twin pregnancy) scheduled for labour trial were enrolled in the study. The age of the patients ranged from **20** to **40** years old, with a mean of 28.

At a minimum of 2cm cervical dilatation and regular contractions, a **23-gauge** cannula over a **27-gauge** pencil-point spinal needle was introduced into the subarachnoid space through a peel-away plastic introducer, after identifying the epidural space by the loss of resistance-to-air technique with a 18-gauge Tuohy needle. The puncture was performed at the L2-L3 interspace with the patient in the lateral decubitus and without loading. A first bolus of 3mg Ropivacaine with 2.5µg Sufentanil in a total volume of 2ml was injected intrathecally.

Manual boluses of 2ml were administered on demand (about every 60min) :Ropivacaine 3mg (1.5ml) + 2.5µg Sufentanil (0.5ml) or Saline(0.5ml). Spinal catheter was removed after 12 hours post-placement or after delivery if longer.