

## **C-04 Providing Adequate Analgesia During Cesarean Delivery in the Patient With a Patchy Epidural**

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### **Objective**

After completion of this session, the participant will be able to:

- Select patchy epidural management based on the risks and benefits of epidural replacement vs. CSE vs. GA.

### **Case Stem Question**

A 27 year old G1P0 is at 38 weeks in labor. She received an epidural for labor and required multiple top offs for analgesia due a patchy block in the right lower abdomen. The OB team has called a Cesarean section at 7 cm dilation due to a category II fetal heart rate tracing and arrest of descent. Patient's past medical history is significant only for a BMI of 54. She is brought back to the operating room and fetal heart rate is 130. She has been given 10cc of 2% lidocaine with bicarb and the patient has a L1 level on the right and T8 level on the left.

### **Guiding Questions for Discussion**

1. What are the most likely causes for epidural failure? Is there any way to prevent this? How common is it for an epidural to fail for surgical purposes?
2. How will you proceed given inadequate surgical blockade? What are the risks and benefits to placing a single shot spinal versus a CSE and how will you determine what dose to use?
3. Is there any role for repeating the epidural instead?
4. How will your plan change if the C-section becomes emergent?
5. What adjuvants can be used in the setting of inadequate neuraxial analgesia during a C-section? When and how would you make the decision to proceed with a general anesthetic?
6. Are there any potential negative long term psychological effects on providing poor intraoperative analgesia for a parturient? How can we negate this risk?

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