Correspondence

Efficiency of epidural blood patches in the obstetrics

To the Editor:

We were very interested to read the North American survey of the management of dural puncture (DP) occurring during labour epidural analgesia.¹ The authors showed that the optimism regarding the efficacy of epidural blood patch (EBP) was not supported by the evidence available.

We recently audited our practice. Between February 1993 and March 1998, 5,705 epidurals were performed for 14,775 deliveries. There were 55 inadvertent DP (0.96%) of which 50 experienced post dural puncture headache (PDPH) within the first 24 hr. Re-siting the epidural catheter was the most common initial response to DP. Simple analgesics with enhanced oral hydration, rest and laxatives were also commonly recommended. Epidural saline was administered less frequently, and in none of our cases were abdominal binders or caffeine infusions used.

Prophylactic EBP was employed in 13% of cases but was effective in only 29%. The majority of our patients (75%) received a therapeutic EBP, performed within one day of the diagnosis. The EBP was completely effective in 34% of cases and, in a further 29%, a second EBP was required and was usually performed within 48-72 hr of the first. The repeat EBP was effective in only 50% of patients. Moreover, half were left with persisting symptoms despite having had one or two blood patches and additional conservative measures.

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REFERENCE

- 1 Berger CW, Crosby ET, Grodecki W. North American survey of the management of dural puncture occurring during labour epidural analgesia. *Can J Anaesth* 1998; 45: 110-4.

An "immobile needle" for epidural blood patch

To the Editor:

I have recently modified my technique when performing epidural blood patches. Location of the epidural space is performed in the usual manner and the blood drawn from the patient's forearm. I then use a low volume intravenous extension tubing to connect the syringe and the Tuohy needle. The tubing is flushed with blood prior to connection to avoid the unnecessary introduction of air into the epidural space. The use of a flexible linkage between needle and syringe permits a more relaxed posture by the anaesthetist, allowing the injection of blood to be unhurried and ensuring the Tuohy needle is motionless. The use of a low volume extension means that no more than 2 ml of blood is lost in the dead space of the tubing. This technique is an adaptation of the "Immobile needle for nerve blocks" as described by Winnie.

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REFERENCE

- 1 Winnie AP. An "Immobile needle" for nerve blocks. *Anesthesiology* 1969; 31: 577-8.

Fatal pulmonary embolism during limb exanguination

To the Editor:

Rare cases of massive pulmonary embolism (PE) have been attributed to use of tourniquets during lower extremity surgical procedures.¹⁻⁵ These events occurred during preinflation exanguination manoeuvres^{1,2} and after tourniquet inflation⁴ and deflation.⁵

A 76-yr-old woman, with superficial varicose veins, underwent an open reduction and internal fixation of an external femoral condyle fracture one day after injury. Subarachnoid anaesthesia was performed and