

Correspondence

Horner's syndrome due to epidural analgesia

To the Editor:

Horner's syndrome is an unusual¹ but recognized complication of epidural anesthesia.^{2,3} We report a case of Horner's syndrome occurring during post operative epidural analgesia in a non-pregnant woman.

A 21-yr-old, 80 kg, ASAII, woman with Crohn's disease had an elective ileocaecal resection. A 20-gauge epidural catheter was placed at the T₆₋₇ level and 3 ml bupivacaine 0.5% with epinephrine were administered. General anaesthesia was induced with sufentanil and propofol, and was maintained with N₂O/O₂ and and isoflurane. Another 2 ml bupivacaine 0.5% with epinephrine and 2 mg preservative-free morphine were given during surgery. On arrival in the PACU, 3 ml lidocaine 1.5% µg·ml⁻¹ fentanyl solution was started at a rate of 8 ml·hr⁻¹.

Twenty hours after the infusion was started, she complained of "heaviness of the right eye lid and swelling of the right eye". Examination revealed right ptosis, miosis and conjunctival injection.⁴ A diagnosis of right Horner's syndrome was made. The sensory block was T₄₋₁₀. Bupivacaine was stopped and replaced by hydromorphone (0.05 mg·ml⁻¹) at 3 ml·hr⁻¹. Horner's syndrome resolved in 30 min. One hour and 45 min later, she complained of pain at rest. Bupivacaine/fentanyl was re-introduced at 8 ml·hr⁻¹. Hydromorphone was stopped 45 min later and the right side ptosis and miosis reappeared. Examination revealed no sensory block. The bupivacaine/fentanyl infusion was again discontinued and the Horner's syndrome resolved in two hours. Satisfactory analgesia was achieved with IV-PCA using morphine, and NSAID *po/pr*.

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REFERENCES

- 1 Mohan J, Potter JM. Pupillary constriction and ptosis following caudal epidural analgesia. *Anaesthesia* 1975; 30: 769-73.
- 2 Skaredoff MN, Datta S. Horner's syndrome during epidural anaesthesia for elective Caesarean section. *Can Anesth Soc J* 1981; 28: 82-5.
- 3 Clayton KC. The incidence of Horner's syndrome dur-

ing lumbar extradural for elective Caesarean section and provision of analgesia labour. *Anaesthesia* 1983; 38: 583-5.

- 4 Schachner SM, Reynolds AC. Horner syndrome during lumbar epidural analgesia for obstetrics. *Obstet Gynecol* 1982; 59: S31-2.

Epidural analgesia for labour

To the Editor:

In the Abstract for the article "Epidural analgesia for labour and delivery: informed consent issues", the authors stated that "the level of satisfaction with the consent process was 8.1/10". In the article, the authors reported that patients with side effects and patients without side effects had satisfaction levels of 3.1/10 and 7.1/10, respectively. We failed to see how combining the two groups would produce a higher level of satisfaction than the individual groups. Was one of the numbers misprinted?

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REFERENCE

- 1 Pattee C, Ballantyne M, Milne B. Epidural analgesia for labour and delivery: informed consent issues. *Can J Anaesth* 1997; 44: 918-23.

REPLY:

You questioned the differences in means that relate to the patients' level of satisfaction with the consent process upon receiving the epidural. You noted that the mean level of overall satisfaction with the consent process, as stated in the abstract, was 8.1 which was calculated from question #57. You asked how this mean of 8.1 could be true if the mean level of satisfaction of the side effect and no side effect groups are 3.1 and 7.1 respectively.

This occurs because the data used to calculate the two group means, when we compared the side effect group and the no side effect group, came from a DIFFERENT question in the survey, #35, that asked the patient how satisfied they were with the information they received (ie.