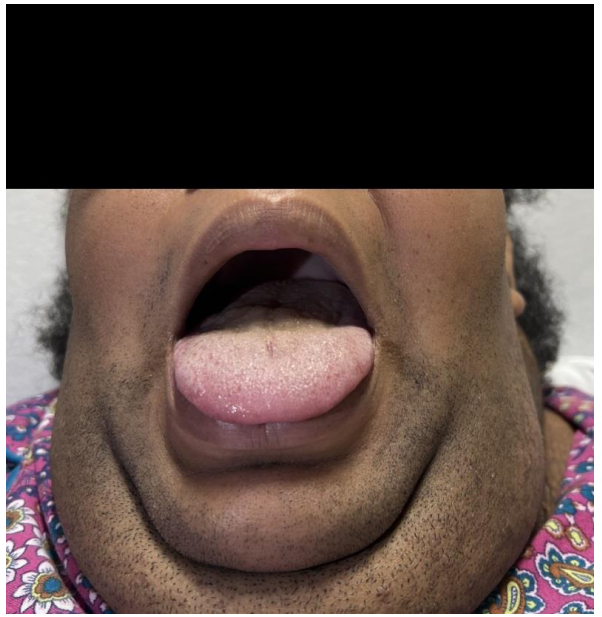
Choosing the Best Path: Difficult Airway vs Challenging Neuraxial during Cesarean Delivery

Background:

- Neuraxial anesthesia is preferred for cesarean delivery due to safety.
- Challenges arise in patients with spinal surgery, obesity, and altered anatomy.

Patient Overview:

- 26-year-old G1 patient with:
  - Super morbid obesity
  - Prior L4/L5 laminectomy for Cauda Equina Syndrome (CES)
  - Spinal stenosis
  - Physical exam: Scoliosis, cushingoid features, Mallampati IV, short thyromental distance



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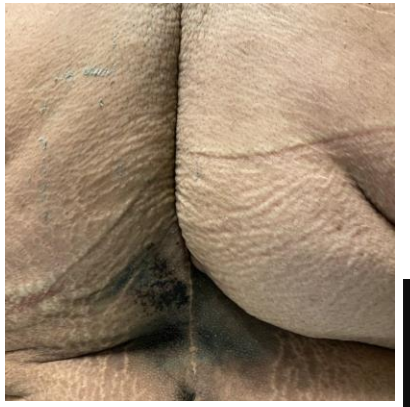
Kii N, Kimizuka M, Someya M, *et al* #35887 Successful management of labor epidural analgesia for a nulliparous woman with prior spinal surgery of congenital scoliosis and tibial deficiency. *Regional Anesthesia & Pain Medicine* 2023;48:A241.

Clinical Challenges & Decision-Making

Initial Plan:

- Attempted epidural placement for labor analgesia
- Multiple failed attempts despite ultrasound guidance
- Aborted due to presumed spinal canal fibrosis

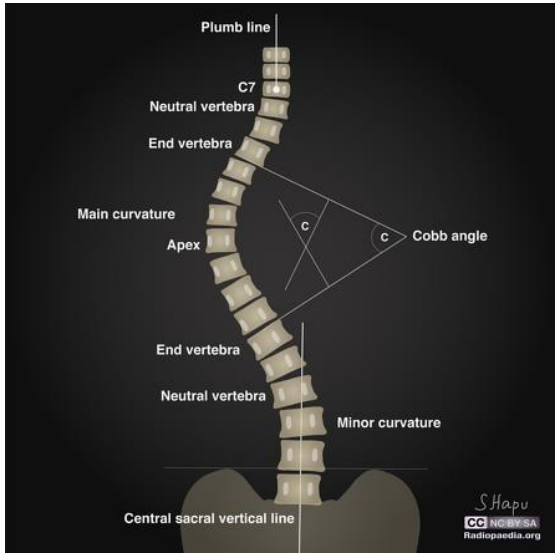


Critical Considerations:

- Anticipated difficult airway during emergency CS
- Limited night staffing increased risk
- Decision to pause induction until dayshift

Multidisciplinary Plan:

- Proceed with induction of labor (IOL) instead of primary CS
- Opted for intrathecal catheter due to concern for patchy epidural spread



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Procedure & Outcome

Intrathecal Catheter Placement:

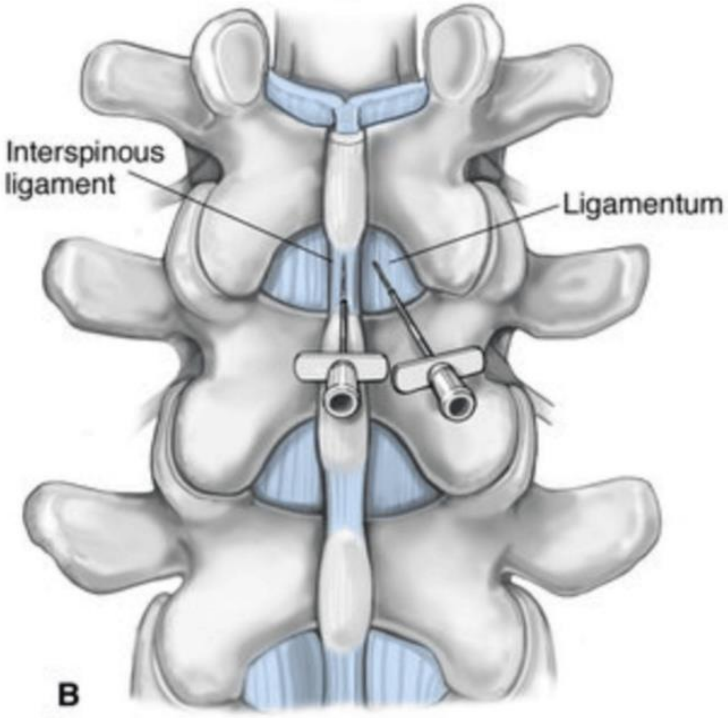
- Paramedian approach via outer curve of scoliosis
- Patient positioned on firm board; fat pads displaced
- Successful dural access at 13cm depth using Gertie Marx needle

Outcome:

- Labor analgesia achieved with 1.2 mL/hr of dilute local
- Emergent CS successfully performed using 1.3mL heavy 0.75% bupivacaine
- No neurological complications or spinal headache postpartum

Conclusion:

- Thoughtful, multidisciplinary planning enabled safe neuraxial anesthesia in a complex patient
- Intrathecal catheter is a viable option when epidural access is compromised



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Kopp SL, Jacob AK, Hebl JR. Regional Anesthesia in Patients With Preexisting Neurologic Disease. Reg Anesth Pain Med. 2015 Sep-Oct;40(5):467-78. doi: 10.1097/AAP.0000000000000179. PMID: 26115188.