# The DEX Best Thing: A Case Of Dexmedetomidine As An Epidural Adjunct In A Patient With Anaphylactic Allergy To Fentanyl

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#### **Background**

- Goal of labor analgesia is to optimize patient satisfaction, minimize adverse outcomes, and ensure safety
- Traditionally epidural infusions consist of local anesthetic and opioid adjuncts
- Known opioid anaphylactic allergy significantly limits what can be offered as adjunct to local anesthetics
- Dexmedetomidine (DEX), a selective α2-adrenoceptor agonist, offers sedative, analgesic, and anxiolytic properties without the respiratory depression [1]

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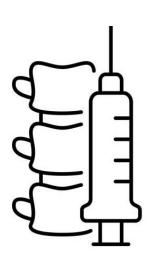
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#### **Case Overview**

- A 36-year-old female, G5P2012 at 34+6 weeks, w/ PMH of HTN, depression/anxiety, gDM, chronic LBP anaphylactic allergy to fentanyl, who presented for labor triage after a non-reassuring non-stress test
- Has had two prior uneventful epidurals with 2% ropivacaine
- On arrival to triage was in breech presentation and elected for Cesarean section over ECV to attempt vaginal delivery.
- DPE was placed in labor room while awaiting NPO status and infusion of 0.1% bupivacaine with 0.02mcg/kg/hr DEX was run for 3 hours prior to surgery
- Epidural was loaded with 2% lidocaine with epinephrine for surgical block with 25mcg DEX and IV adjuncts during intra-operatively

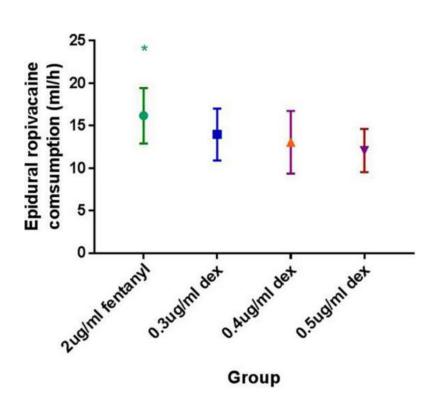




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### **Learning Points**

- Dexmedetomidine as an adjunct is commonly used internationally but less studied in the U.S.
- A meta-analysis of 9 randomized controlled trials (RCTs) found that DEX combined with LA resulted in similar patient satisfaction, fewer opioid-related side effects and comparable safety outcomes to opioidbased epidurals [2]
- RCT with 165 patients suggested that lower doses of DEX were superior to standard-dose fentanyl in reducing ropivacaine use and minimizing opioid-related side effects [3]