

# Obstetric Anesthesia Outcomes in Pregnant Patients with Spine Surgery and Hardware: A Retrospective Cohort Study



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#### **Background: Patients with Prior Spine Surgery**

#### Neuraxial Placement

- Presents unique challenges after spine surgery
- Reluctance amongst anesthesia providers
- It has been shown to be feasible and efficacious.<sup>2</sup>



Figure 1: AP and lateral views T2-L4 fusion

**AIM:** Understand the feasibility and complication rates of neuraxial placement in patients with prior spine surgery and hardware

References: Landrum et al, Ko et al









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### **Methods: Retrospective Chart Review**

Inclusion	Exclusion	Search Terms	Analysis
>20 weeks	Missing procedure	Spinal Instrumentation	Descriptive
Delivery at MGB	data	Pedicle screws	statistics
May 2015- May 2024	Spine surgery	Spinal fusion	
	after delivery	Harrington rods	
		Lumbar plates	









**Results** 

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## Conclusions

- With pre-delivery multidisciplinary planning, neuraxial anesthesia is safe and successful in the majority of patients with spinal hardware.
- With a slightly higher rate of failure (13.5%), catheters should be managed closely and replaced if signs of failure occur.
- Further studies are needed to explore predictive factors for success, optimal techniques, and long-term outcomes.







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