

## A PRICKING COMPLICATION

Bryan Teoh Ching Eng<sup>1</sup>, Abdul Muhaimin Aziz<sup>1</sup>, Jeffrey Chong Wei Jin<sup>1</sup>, Kamarul Al Haqq Abdul Ghani<sup>1</sup>

<sup>1</sup>Hospital Tengku Ampuan Rahimah

**Introduction:** A 34-year-old lady delivered a healthy baby via lower segment caesarian section under combined spinal-epidural anesthesia. While removing the epidural catheter, it was found that the catheter was broken at the 7cm mark from the blue tip. She showed complete motor recovery 4 hours post spinal anesthesia and remained well for the post-op period, patient was informed on the complication. On the x-ray, the catheter was not apparent on both views, but well visualized on the computed tomography (CT) scan, a 6-7cm radiopaque fragment near the L3-L4 facet joint on the left side, no fragments in the spinal canal. After counselling the risk of retained catheter, she decided for removal.

**Discussion:** Initially, we started a small incision centered over the L3/L4 region down to the facet joint but were unable to locate it. The incision was then extended towards the L4/L5 region, after dissection through the fascia and paraspinal muscles we found the broken segment lodged in the L4/L5 left facet joint. A total length of 7cm epidural catheter was removed without complications, and the wound closed in layers.

**Conclusion:** Epidural catheterization is generally safe and a renowned procedure in the anesthetist arsenal with minimal complications. Breakage of epidural catheter is a rare complication. In this case, the catheter was stuck between the facet joints making removal impossible. Hence, if resistance is encountered, utilizing gentle traction in the position which it was inserted should avert this potentially hazardous complication.