



Epidural Follow-up: A Quality Improvement Project

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Background

It is current best practice to have a hospital protocol for the identification and management of complications of epidural analgesia[1]. Early recognition of complications is essential for good outcomes[2]. The object of our quality improvement project was to develop an epidural follow-up proforma and implement a dedicated epidural follow-up service so as to review any potential complications in a timely manner.

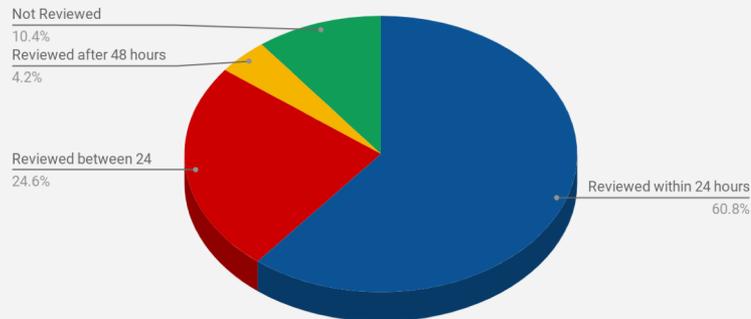
Methods

We designed the proforma around the signs and symptoms of possible complications of an epidural. Patients are assessed for symptoms of numbness, paraesthesia, lower limb weakness, difficulty mobilising, bladder/bowel dysfunction, pain at the epidural site and headache. If any of these are present, patients are examined for any back tenderness, bruising, signs of infection and ability to straight leg raise. A lower limb neurological exam is carried out if any neurological symptoms are present. It is then decided whether any further follow-up or management is needed. We also assessed patients overall satisfaction with their epidural.

Results

Following the implementation of our epidural follow-up service, 89.6% of patients who had an epidural were reviewed by an anaesthetist afterwards. Patients were reviewed within 24 hours of epidural placement in 60.8% of cases, while 24.6% of patients were reviewed between 24 and 48 hours with 4.5% of patients reviewed after 48 hours. Back pain was the most common symptom reported by patients (15.6%), followed by difficulty mobilising (5.2%) and lower limb weakness and headache (both 1.3%). Four patients were flagged for further follow up (5.2%). The vast majority of patients were satisfied with their epidural (93.5%). The most common reason for dissatisfaction was failure to provide adequate analgesia on one side (3.9%).

Time of Review



Conclusions

The implementation of an epidural follow up service to our obstetric perioperative medicine department is a vital step in ensuring that any potential complications that arise from the placement of an epidural are identified early so as to avoid any long-term complications.

References

1. Faculty of Pain Medicine of the Royal College of Anaesthetists (2020) Best practice in the management of epidural analgesia in the hospital setting. Available at: <https://fpm.ac.uk/standards-publications-workforce-guidelines-publications/clinical-guidelines> (Accessed: 14/09/2020).
2. Wildsmith, JA, Cook, TM, Counsell, D. (2009) 'Major complications of central neuraxial block: report on the Third National Audit Project of the Royal College of Anaesthetists', British Journal of Anaesthesia, 102(2), pp. 179-190.