

National Institute for Health and Clinical Excellence

403 – Ultrasound guided catheterisation of the epidural space

Comments table

IPAC date: November 15, 2007

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Specialist Adviser	1	If used it should be emphasized that the technique must be kept as fully asptic, (there would be increased opportunity to desterilise the field). The technique has been associated with increased dural puncture therefore any recommendation should stress that it is NOT an alternative to the loss of resistance technique.	Section 2.2.1 now states that catheterisation is done 'under sterile conditions'.
2	Specialist Adviser	2.1	The epidural needle is advanced through skin then subcutaneous tissue then the supraspinous ligament then intraspinous ligament then ligamentum flavum, and then enters the epidural space with concurrent loss of resistance. Saline is considered preferable to air as it is used with continuous pressure technique.	Thank you for your comment. NICE Interventional Procedures Guidance is not designed to include this level of detail; it is intended to give only a brief description of the procedure.
3	Specialist Adviser	2.3	Note in the RCT of 30 pregnant women the success rate without US of 40% is unusually low.	Noted, thank you.
4	Specialist Adviser	2.4	The origin of "severe" headaches in the trial quoted is unclear as it exceeds the incidence of unintended dural punctures. Current evidence suggests that ~70% inadvertent dural punctures lead to severe headaches.	The paper the consultee refers to states that although the difference in rates of headache between the groups was statistically significant, these results must be interpreted with caution. It states that 'most of the reasons for postpartum headache and backache cannot be influenced by the epidural anaesthesia puncture technique.'