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Lumbar Neuraxial Ultrasound Made Easy

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Introduction

Preprocedural lumbar neuraxial ultrasound (PLNU) can determine lumbar interspace more accurately than palpation of surface landmarks alone,1 predict the depth of epidural space with high degree of accuracy,[1] improve efficacy,[1,2] and improve safety.[2] We investigated reasons for underuse of PLNU in our obstetric unit and introduced solutions to promote its routine use in clinical practice.

Methods

A baseline online survey on the use of PLNU was submitted to obstetric anaesthetists covering the third largest obstetric unit in Scotland.

Results

The survey was open for 10 days with total response of 38% (n=30). 43% of responders were consultants and 57% trainees. 60% did not feel confident in using PLNU. 63% had not received training in PLNU. 80% never used this technique in clinical practice although 80% were interested in its use for siting spinals and 87% for epidurals and 47% for measuring posterior dural depth before supervising novice trainees. 93% were interested in receiving departmental teaching on PLNU.

Discussion

In light of our survey results, we have introduced a training package for PLNU which includes adding regular teaching sessions to our local obstetric anaesthesia CPD programme and daily scanning practice using a locally designed protocol that is attached to our ultrasound machine.

References

1. Perlas A. Lumbar neuraxial ultrasound for spinal and epidural anaesthesia. Reg Anesth Pain Med 2016;41:251-60.
2. Young B. Conventional landmark palpation vs. preprocedural ultrasound for neuraxial analgesia and anaesthesia in obstetrics- a systematic review and meta-analysis. Anaesthesia 2020. Available from: http://dx.doi.org/10/1111/anae. 15255.

