

Conclusion session posters SFAR 2011

D. Chassard, Lyon

R 293: Prédiction d' une APD difficile ou comment diminuer les échecs ou ponctions répétées?

Failure of regional blockade for caesarean section

M. Garry, S. Davies

International Journal of Obstetric Anesthesia (2002) 11, 9–12

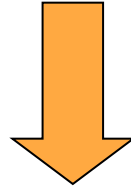
1 à 2% échec total d' abord de l' espace

An observational study of factors leading to difficulty in resident anaesthesiologists identifying the epidural space in obstetric patients

V. Faitot,^a R. Ourchane,^a S. Dahmani,^b M. Magheru,^a S. Nebout,^a F. Gomas,^a A. Katz,^a
L. Salomon,^c H. Keïta-Meyer^a

Taux réussite junior 1^{ère} ponction = 74%

Comment diminuer les échecs ou ponctions répétées?



Facteurs prédictifs:
Déformation
BMI élevé
Repérage difficile
Agitation

Table 3 Multivariate logistic regression analysis of independent predictive factors of difficult epidural cannulation.

Predictors	Odds ratio	95% CI	<i>P</i> value
Body mass index (kg/m ²): ≥30 vs. <30	1.9	1.0–3.6	0.03
Abdominal perimeter (cm): ≥105 vs. <105	1.5	0.8–2.6	0.14
Anatomical landmarks: grade 3–4 vs. grade 1–2	1.7	1.0–2.9	0.04
Spine: abnormal vs. normal	4.3	2.2–8.2	<0.0001

Difficult epidural placement = >1 attempt.

Ultrasound control for presumed difficult epidural puncture

Acta Anaesthesiol Scand 2001;

T. GRAU, R. W. LEIPOLD, R. CONRADI and E. MARTIN

Groupe Patientes difficiles: BMI>33, Scoliose, difficultés antérieures

	Control group	Ultrasound group	Significance
Number of puncture attempts	2.6±1.4	1.5±0.9	$P<0.001$
Number of puncture sites	1.5±0.7	1.27±0.51	$P<0.05$
Catheter advancement attempts	1.3±0.6	1.1±0.6	$P<0.003$
Patients with asym. EDA* diffusion	5	2	n.s.
Patients with patchy EDA* diffusion	3	1	n.s.
Epidural failure	2	0	n.s.
VAS before EDA	4.2±4.1	4.1±4.1	n.s.
Maximum VAS	1.8±2.7	0.8±1.4	$P<0.035$
Patients' satisfaction	2.1±1.3	1.3±0.5	$P<0.006$
Headache	4	2	n.s.
Backache	7	7	n.s.

Ultrasound Imaging Facilitates Spinal Anesthesia in Adults with Difficult Surface Anatomic Landmarks

Ki Jinn Chin, F.R.C.P.C.,* Anahi Perlas, F.R.C.P.C.,† Vincent Chan, F.R.C.P.C.,‡
Danielle Brown-Shreves, M.B.B.S.,§ Arkadiy Koshkin, M.D.,§ Vandana Vaishnav, F.C.A.R.C.S.I.||



Table 2. Outcomes Reflecting Ease of Performance of Spinal Anesthesia

	Ultrasound-guided Technique (n = 60)	Landmark-guided Technique (n = 60)	P Value
Successful dural puncture	—	—	—
On 1st needle insertion attempt	39 (65%)	19 (32%)	< 0.001
On 1st needle pass	16 (27%)	5 (8%)	0.008
Within 5 needle passes	30 (50%)	16 (27%)	0.009
Within 10 needle passes	45 (75%)	26 (43%)	< 0.001
Total number of needle insertion attempts	1 [1–2]	2 [1–4]	< 0.001
Total number of needle passes	6 [1–10]	13 [5–21]	< 0.001
Time taken to establish landmarks (min)	6.7 ± 3.1	0.6 ± 0.5	< 0.001
Time taken to perform spinal anesthetic (min)	5.0 ± 4.9	7.3 ± 7.6	0.038
Total procedure time (min)	12.2 ± 6.0	7.9 ± 7.7	< 0.001

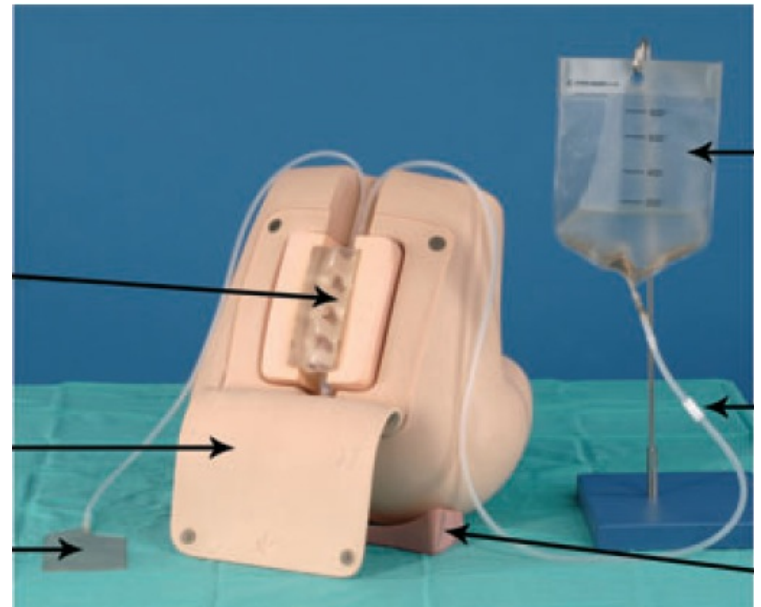
Amélioration de nos techniques ALR

R 293: Prédiction d' une APD difficile ou comment diminuer les échecs ou ponctions répétées?

**R 292: Courbe apprentissage de l' écho périmedullaire
Ou quelle méthode pour l' apprentissage de l' ALR
pour les juniors?**

Evaluation of M43B Lumbar puncture simulator-II as a training tool for identification of the epidural space and lumbar puncture★

V. Uppal¹, R. J. Kearns¹ and E. M. McGrady²



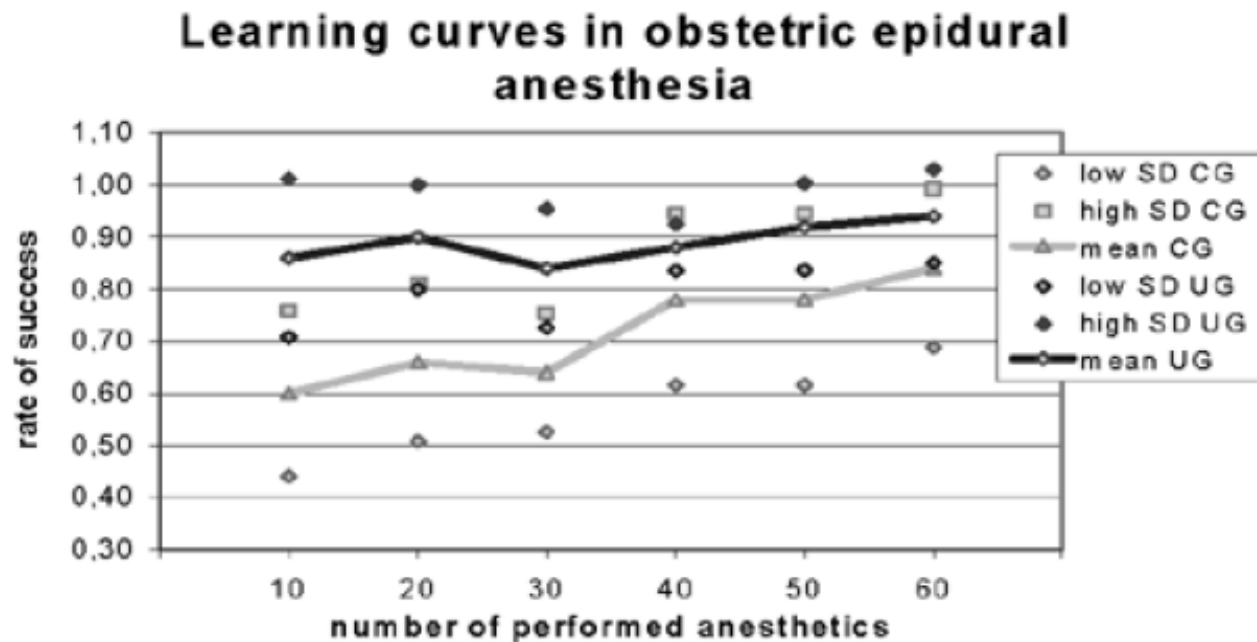
Prix: 3000 euros

Ultrasound imaging improves learning curves in obstetric epidural anesthesia: a preliminary study

[L'échographie améliore les courbes d'apprentissage en anesthésie épidurale obstétricale : une étude préliminaire]

Thomas Grau MD, Erika Bartussek, Renate Conradi MD, Eike Martin PhD, Johann Motsch PhD

CAN J ANESTH 2003 / 50: 10 / pp 1047–1050

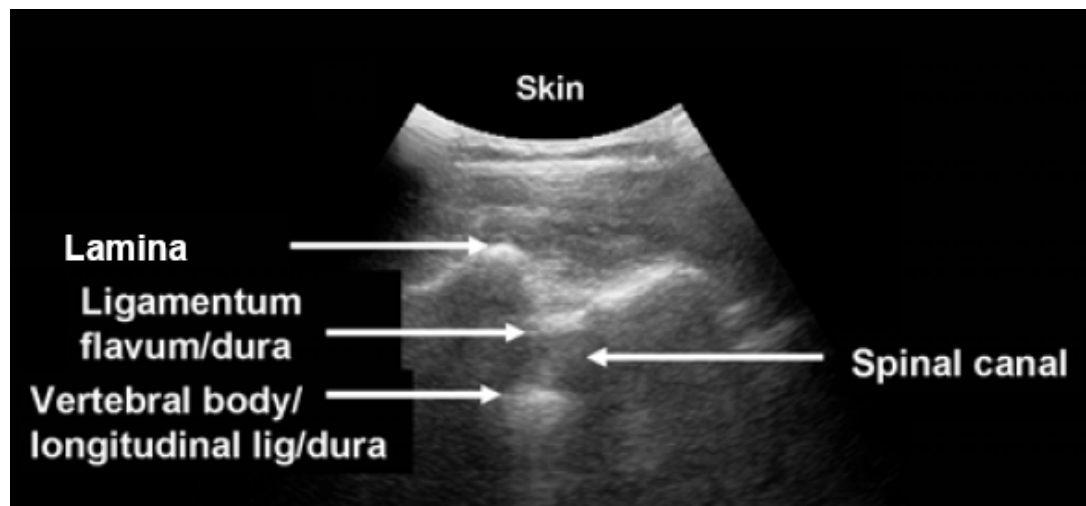


Ultrasound decreases the failed labor epidural rate in resident trainees

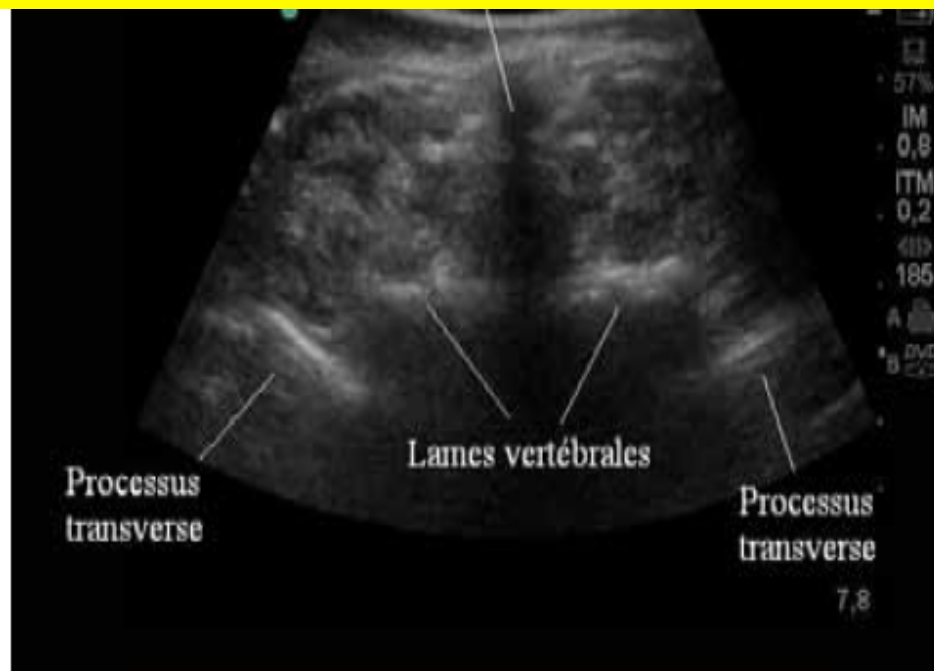
M.C. Valleio, A.L. Phelps, S. Singh, S.L. Orebaugh, N. Sah

	Ultrasound (<i>n</i> = 189)	Control (<i>n</i> = 181)	<i>P</i> value
Epidural depth (cm)			
Clinical	4.8 (±1.1)	5.1 (±1.0)	0.02
Longitudinal	4.6 (±0.9)		
Transverse	4.7 (±1.0)		
Failed epidural	3 (1.6%)	10 (5.5%)	<0.02
Failed early epidural	1 (0.5%)	6 (3.3%)	0.05 ^a
Insertion attempts	1 (1–6)	2 (1–6)	<0.01
Staff intervention	54 (28.6%)	64 (35.4%)	0.2
Top-ups	0 (0–11)	0 (0–10)	0.63
Accidental dural puncture	1 (0.5%)	1 (0.6%)	0.5





Apprentissage de l'échographie: Un objectif pour tous



Clonidine en obstétrique

**R296: 1,35 µg/mL de clonidine optimise
l'analgésie pendant le travail sans effets secondaires**



Anaesthesia

Journal of the Association of Anaesthetists of Great Britain and Ireland

Wallet F, Clement HJ, Bouret C, et al. Effects of a continuous low-dose clonidine epidural regimen on pain, satisfaction and adverse events during labour: a randomized, double-blind, placebo-controlled trial. *European Journal of Anaesthesiology* 2010; 27: 441–

2µg/mL

R297: stabilité des poches préparées pendant 24h

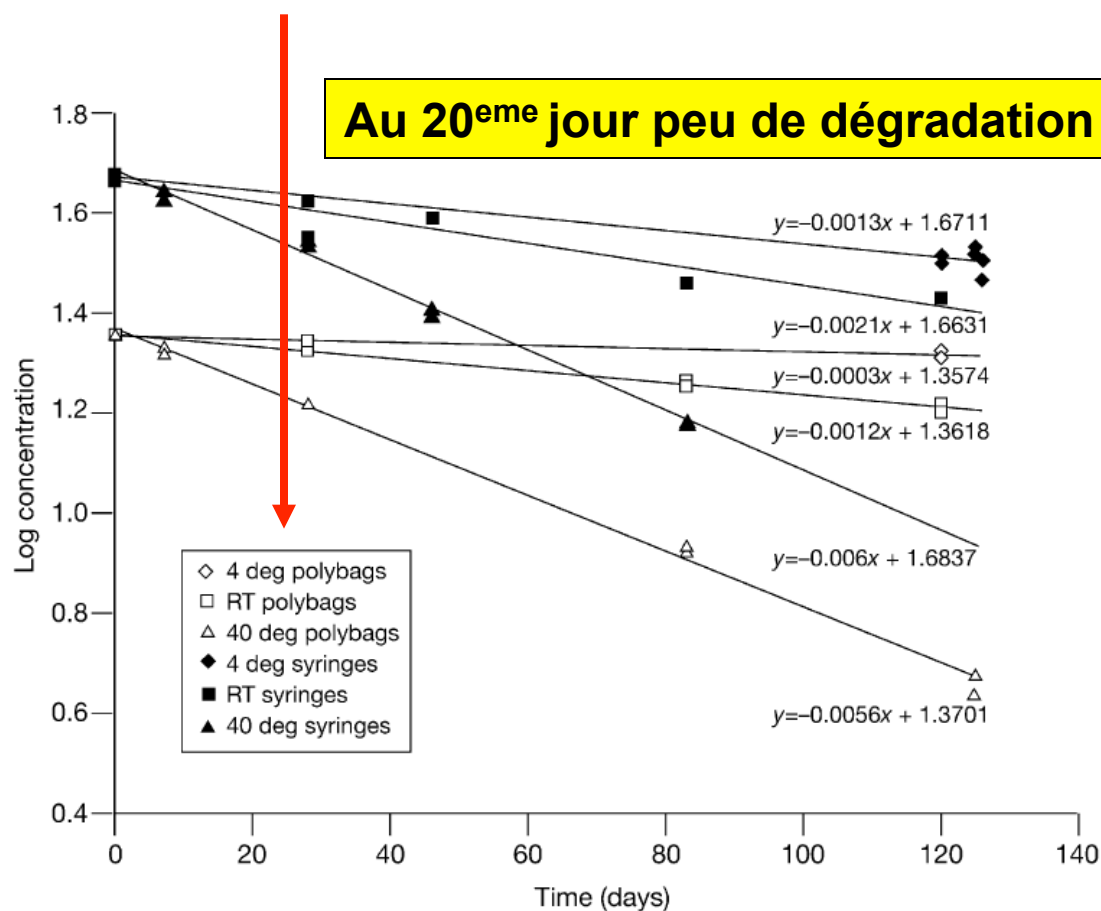
Stability of Clonidine in Clonidine-Hydromorphone Mixture from Implanted Intrathecal Infusion Pumps in Chronic Pain Patients

Zvia Rudich, MD, Philip Peng, MBBS, FRCPC, Edward Dunn, PhD,
and Colin McCartney, MBChB, FRCA

We found no loss in clonidine concentration during the time between refills (35 ± 13 days), and no correlation between clonidine concentration and time interval between refills. In conclusion, clonidine, mixed with hydromorphone, is stable when delivered by implantable intrathecal pump for long-term use. J Pain Symptom Manage 2004;28:599–602. ©

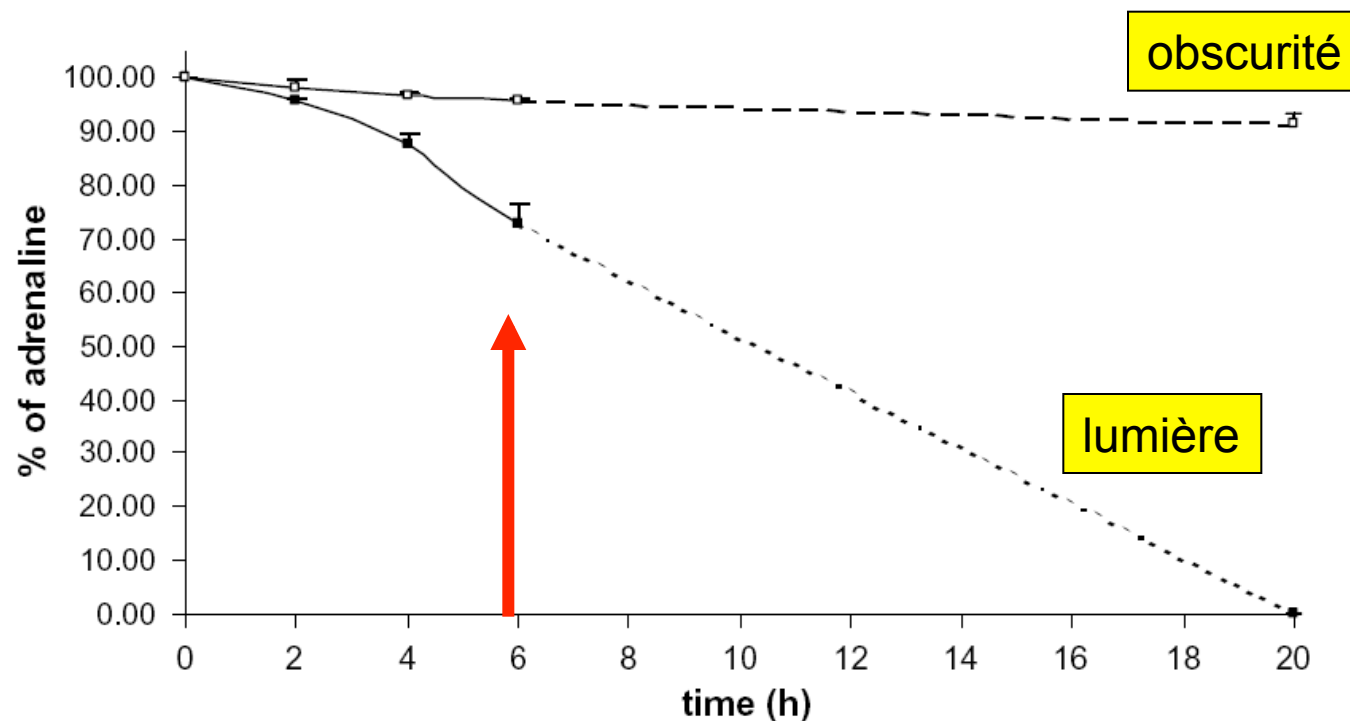
Premixed solutions of diamorphine in ropivacaine for epidural anaesthesia: a study on their long-term stability

M. J. Sánchez del Águila¹, M. F. Jones² and A. Vohra^{1*}



Short term stability of pH-adjusted lidocaine-adrenaline epidural solution used for emergency caesarean section

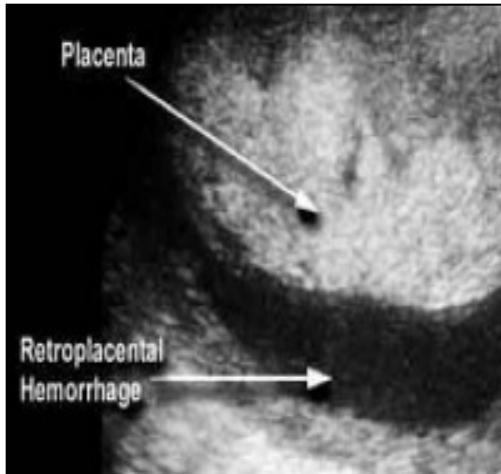
C. Tuleu, J. Allam, H. Gill, S. M. Yentis





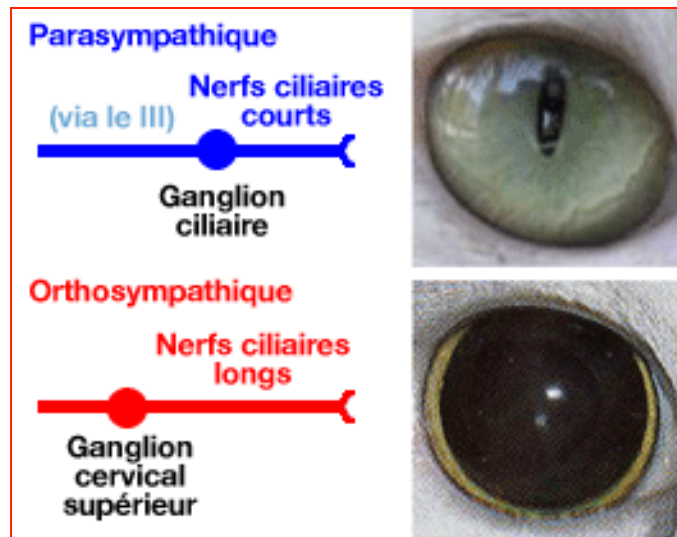
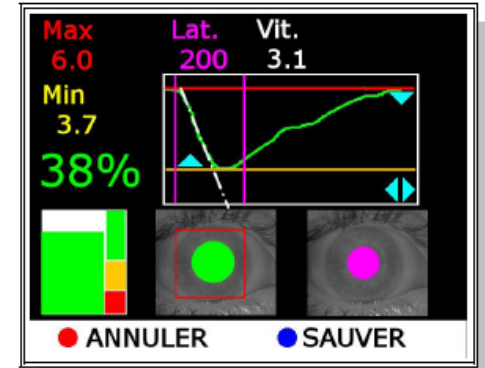
R295

**l'ancienneté de la MFIU
n'est pas prédictive
d'une anomalie
de l'hémostase maternelle.**



**Attention si HRP
ou éclampsie associées**

R295: applications du pupillomètre en obstétrique ?



NAD-ACh

NAD-NAD

- La latence de réaction et le % de variation du diamètre pupillaire ne différaient pas selon présence ou non d'une hypotension artérielle sévère :
 - manque de puissance ? (en particulier pour la latence)
- Latences pupillaires plus élevées parmi les patientes ayant nécessité les plus fortes doses de phényléphrine :
 - tonus sympathique et latence pupillaire ?
 - freinage constriction pupillaire par hyperactivité sympathique

L'analgesia nociception index et le réflexe photomoteur sont-ils prédictifs de l'hypotension artérielle sévère après rachianesthésie pour césarienne programmée ?

J. MIATELLO, S. CHABBOUH,
T. RACKELBOOM, M. BERL, N. VASSILIEFF,
A. MIGNON, G. DUBAR



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SERVICE D'ANESTHÉSIE-RÉANIMATION
PARIS, FRANCE



ASSISTANCE
PUBLIQUE
HÔPITAUX
DE PARIS

Remerciements à M. Jeanne, CHRU Lille

Mesure simple de la balance sympathique-parasympathique

Douleur

hypotension

pré-éclampsie