

01. Title: Retained Epidural Catheter; A Rare Complication Of Regional Anaesthesia Successfully Managed With Immediate Spine Exploration.

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Background: Retained epidural catheter is an extremely uncommon complication of epidural anaesthesia.

Catheter breakage is usually due to shearing forces on withdrawal leading to fragmentation and retention in epidural space. Fragment migration has also been described in some cases, prompting consideration for early spinal exploration and removal, particularly where surgical expertise is readily available.

We described our experience with a case of retained epidural catheter that was successfully managed with immediate spine exploration and retrieval.

The Case: 63 year old male admitted for elective urethroplasty for a short segment bulbar urethral stricture. He had no previous surgical exposure or significant medical comorbidities. Vital signs were stable and preoperative investigations were within normal limits.

Epidural anesthesia was selected. The L4–L5 interspace was identified and accessed, and an epidural catheter was introduced. However, difficulty in delivering anaesthetic agents raised suspicion of catheter kinking, necessitating removal. During withdrawal, the catheter broke off, leaving approximately 5cm within the epidural space.

The patient was informed and counseled regarding further management options.

After initial urethroplasty, he underwent L5 laminectomy and successful retrieval of the catheter fragment under general anaesthesia with C-arm fluoroscopic guidance. There was no adverse event postoperatively, and the patient had no neurological deficits. He was discharged 5 days post-op and remained asymptomatic in subsequent follow ups.

Conclusion: Retention of the catheter in the epidural space is rare. Early spinal exploration and retrieval can be a safe and effective management option when the appropriate expertise and facilities are available.

Key Words: Epidural Anesthesia, Pumps, Medication Systems

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