Paravertebral Lumbar Sympathetic Block for Labor Analgesia

To the Editor:—I read with interest the report of epidural anesthesia in a parturient with a lumboperitoneal shunt. Paravertebral lumbar sympathetic block is another method of providing labor analgesia in patients with a history of back surgery or spine disease. The technique is well-described. The block is performed at the L1 or L2 level. This method eliminates the theoretical concern of epidural catheter entanglement with the lumboperitoneal shunt or of trauma to the shunt. Effective analgesia for the first stage of labor can be achieved that lasts up to 9–12 h with the use of 0.25–0.375% bupivacaine with 2 μg/ml epinephrine. However, limitations of the technique include provision of analgesia only for the first stage of labor, and a pudendal block performed by the obstetrician for the second stage may be necessary. Also, another anesthetic technique must be used if a cesarean section was necessary. Although lumbar sympathetic block does not offer the versatility that epidural anesthesia does, it is an alternative method that offers labor analgesia in selected patients.

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References

In Reply:—We thank Dr. Suelto for her interest in our case report. Paravertebral sympathetic block does not provide surgical anesthesia, for which our epidural catheter was primarily intended. Epidural catheter placement was elected because of worsening airway examination in a morbidly obese preeclamptic parturient at high risk for cesarean delivery. Also, the approach to paravertebral sympathetic block is paramedian, which, theoretically, may increase the risk of contact of the needle with the lumboperitoneal shunt because it runs laterally when exiting the dural sac.

As Dr. Suelto mentioned, paravertebral sympathetic block may be an alternative method for labor analgesia. However, we believe that epidural catheter placement was the safest option for our parturient.

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References

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Received for publication June 1, 1999.

(In press.)