Anesthesiology
1996; 84:1519

Epinephrine Should Not Be Part of an Epidural Test Dose: I

To the Editor:—The case report by Fitzgibbon *et al.*[1] presents an unfortunate result of standard anesthesia practice. The use of epinephrine in the test dose of the newly placed epidural catheter was, in my opinion, poor choice. Epinephrine is clearly contraindicated in local anesthetics administered near terminal arteries as in the digits or the penis. As the authors point out, the resection of both thoracic and lumbar aneurysms puts the spinal cord at high risk for ischemic insult. They list individual factors associated with neurologic deficits, including the administration of epinephrine in the anesthetic solution, but fail to make a connection of multiple factors in their conclusion. The "volume/pressure effect" of the epidural drugs is unavoidable. The use of epinephrine, however, is not essential. In this instance, I believe the administration of epinephrine as part of the test doses could have added to the ischemia of the cord.

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Reference

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(Accepted for publication March 5, 1996.)

Anesthesiology
1996; 84:1519

Epinephrine Should Not Be Part of an Epidural Test Dose: II

To the Editor:—Fitzgibbons *et al.* correctly pointed out that there is high incidence of paraplegia after thoracic aneurysmectomy.[1] They also noted that tenuous collateral anastomosis of the anterior spinal artery is compromised during and after thoracic aneurysmectomy. Therefore, it is logical to conclude that any technique that increases the epidural and intrathecal pressure is likely to decrease the spinal cord blood supply. In addition, use of epinephrine (intrathecal or intraepidural) is likely to aggravate the situation by causing vasoconstriction. Therefore, I believe the choice of epidural route for pain relief in such a patient is most likely contraindicated.

Development of pain service units in the hospitals is a valuable service for the care of patients. Overzealous and aggressive use of these techniques is producing unwelcome results in various parts of the country. I believe it is imperative that all anesthesiologists report serious complications, so that we can have a better understanding of the causes of such disastrous events. A voluntary and confidential data bank should be established so that these cases could be reported and analyzed by a group of anesthesiologists who are actively involved in promoting the regional anesthesia techniques.

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(Accepted for publication March 5, 1996.)