

Leslie C. Jameson, M.D., CME Editor

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Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY'S journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Arkoosh *et al.* entitled "A randomized, double-masked, multicenter comparison of the safety of continuous intrathecal labor analgesia using a 28-gauge catheter *versus* continuous epidural labor analgesia" on page 286 and the accompanying editorial by Drasner and Smiley entitled "Continuous spinal analgesia for labor and delivery: A born-again technique?" on page 184 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: <http://www.asahq.org/journal-cme>. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

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Purpose: The focus of the journal-based CME program, and the articles chosen for the program, is to

educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

Target Audience: Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

Learning Objectives: After reading this article, participants should understand the risks and benefits of intrathecal microcatheters *versus* continuous epidural catheters for labor analgesia.

Disclosure Information:

Authors- Valerie A. Arkoosh, M.D., M.P.H., Craig M. Palmer, M.D., Esther M. Yun, M.D., Shiv K. Sharma, M.D., F.R.C.A., James N. Bates, Ph.D., M.D., Richard N. Wissler, M.D., Ph.D., Jodie L. Buxbaum, M.D., Wallace M. Nogami, M.D., and Edward J. Gracely, Ph.D.

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Question Writer- Leslie C. Jameson, M.D.

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CME Article Questions

Based on the article by Arkoosh *et al.* entitled "A randomized, double-masked, multicenter comparison of the safety of continuous intrathecal labor analgesia using a 28-gauge catheter *versus* continuous epidural labor analgesia" and its accompanying editorial by Drasner and Smiley entitled "Continuous spinal analgesia for labor and delivery: A born-again technique?" in the February issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. Which of the following statements about case reports in 1992 of neurologic injury associated with the use of intrathecal microcatheters (27-32 gauge) introduced through a 22-26 gauge needle is *most* likely true?
 - A. All affected patients experienced an intrathecal hematoma.
 - B. Complications occurred exclusively in obstetric patients.
 - C. The Food and Drug Administration withdrew approval of all catheters in the intrathecal space.
 - D. A neurologic complication occurred primarily with the use of a hyperbaric solution of 5% lidocaine.

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2. The authors of the current study compared neurologic complications, analgesic effectiveness, and neonatal outcome between standard continuous epidural (CEPI) analgesia and continuous intrathecal (CIT) analgesia administered through a 28-gauge microcatheter. Which of the following statements about their research protocol is *most* likely true?
 - A. CIT patients received a continuous infusion of sufentanil and a bupivacaine bolus for breakthrough pain.
 - B. Patients with preeclampsia were allowed to enroll in the study.
 - C. To detect a permanent neurologic deficit rate for CIT patients equivalent to that reported with CEPI patients would require study enrollment of 100 patients.
 - D. Patient assessment only occurred 24 h after delivery.

3. When comparing the neurologic outcomes of the continuous intrathecal (CIT) and continuous epidural (CEPI) techniques, which of the following statements is *most* likely true?
 - A. Postpartum weakness or loss of sensation occurred at the same frequency in both groups.
 - B. CIT patients were significantly more likely to require a blood patch to treat a postpartum headache.
 - C. CIT patients had less effective pain relief.
 - D. Motor blockade caused fewer CEPI patients to have successful vaginal deliveries.

4. When comparing outcomes of the continuous intrathecal (CIT) and continuous epidural (CEPI) techniques, which of the following statements is *most* likely true?
 - A. CIT patients were more likely to require treatment for systemic hypotension.
 - B. CEPI patients reported a higher pruritus score.
 - C. Fetal bradycardia was more frequent in the CEPI-treated mothers.
 - D. Twenty-four hours after delivery, patient satisfaction was significantly greater in the CIT group.

5. Which of the following statements about the catheters used in the continuous intrathecal (CIT) and continuous epidural (CEPI) techniques is *most* likely true?
 - A. Tensile strength of a 28-gauge microcatheter is the same as a standard 22-gauge epidural catheter.
 - B. CIT catheters are significantly more difficult to remove than CEPI catheters.
 - C. The CIT catheters were placed with a midline approach to improve ease of removal.
 - D. One CEPI catheter broke inside the patient's body.

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If you have any questions regarding the ANESTHESIOLOGY continuing medical education program, please contact Ellen M. Bateman, Ed.D., Education Specialist, at (847) 825-5586 or via e-mail at e.bateman@asahq.org.