E-Poster

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Rehabilitation of Obstetric Cases Along With Complication Following Spinal Anesthesia at Rural Teriary Care Hospital: Case Series

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Spinal anesthesia is the more acceptable and preferred anesthetic technique for caesarean (USA) section and other obstetric operations. Neurological complications are very rare and often transient after spinal anesthesia.

CASE DESCRIPTION

We presented three case reports of patient experiencing paresthesia, weakness of both lower limb with varieties of severity following spinal anesthesia. In the presented case a 17-year-old woman was considered emergency caesarean (USA) section for early ruptured membrane, chorioamnionitis and fetal distress. A long eventful operation was done by three surgeon and on first POD she experienced a severe excruciating pain on left lower limb and unable to move lower limb. Lumber magnetic resonance imaging was normal. After infusion of 500 mg intravenous methylprednisolone for 72 hours, she was transferred to high-dependency unit (HDU). About after 25 days hospital stay with physical measures Electrical stimulation along with exercise and gait retraining she was discharged from hospital with no particular side effects. Foot drop is a neurological disorder resulting from natural childbirth and spinal anesthesia(h/o multiple puncture) due to direct needle trauma or local anesthetic toxicity. This complications are transient and usually resolve within few days. In our patients the neurological complication appeared after labor and anesthesia was treated by corticosteroids, anti-inflammatory drugs, electrical stimulation with no particular side effects.

DISCUSSION

Above three cases two of them having some history like multiple punctures, long operation time, complication arose after operation triggered the episodic attack and neurological complications following spinal. About follow up all patients after recovery had some residual effect in some extent. Just after attack a team work was activated including rehabilitation protocol.

CONCLUSION

During or after spinal anesthesia, neurological injury may develop as either needle or drug-induced complication. Management of drop foot and other neurological conditions depends on its etiology, so it's important to do early detection using imaging techniques like magnetic resonance imaging (MRI) and electromyographic examinations to make further rehabilitation protocol along with conservative.

Statement of Disclosures

None

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