Never forget basics
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DESCRIPTION
A patient with open fracture of both bones of a leg was posted for wound debridement and external fixation. L3–L4 space was identified by the loss of resistance technique with Tuohy’s needle. An epidural catheter was passed through the Tuohy’s needle. Aspiration of epidural catheter resulted in cerebro spinal fluid (CSF) tap. We tried to pull the catheter while the needle was in situ. Although there was a little resistance, we could remove the catheter. When we inspected the catheter, it was found that epidural catheter tip with only the 8 cm mark was visible (figure 1). Immediately the Tuohy’s needle was removed and it was concluded that the epidural catheter tip was neither palpable nor visible. The patient was given general anaesthesia and allowed surgeons to proceed with the planned surgery. We decided to document and explain to the patient about sheared catheter and not to retrieve the retained epidural catheter by operation until symptoms develop. After the surgery, X-ray of the lumbar spine did not show the presence of the sheared epidural catheter. We decided to perform a CT scan if patient reports symptoms. The patient was discharged after 1 month and followed up for 1 year. No complications or symptoms were detected. Shearing of the epidural catheter may be either due to wrong technique (pulling the catheter while the needle is in situ) or an old catheter was used (the epidural catheter was manufactured 4 years ago). The decision not to retrieve the catheter was taken according to the guidelines proposed by Deepanjali Pant et al.1 2

Learning points
▸ Every procedure is bound to have complications. But complications can be minimised by following proper guidelines.
▸ We should never forget basics.

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REFERENCES
2 DeVera HV, Ries M. Complication of continuous spinal microcatheters: should we seek their removal if sheared? Anesthesiology 1991;74:794.