



LETTERS

UPGRADING NURSE ANESTHESIA EDUCATIONAL REQUIREMENTS

To the editor:

The 2-part Education News column, "Upgrading nurse anesthesia educational requirements (1933-2006)" by Betty Horton, CRNA, PhD, was very timely and informative.^{1,2} Dr Horton succinctly chronicled the historical development of our educational standards and how the consistent elevation of those standards reflects a sustained commitment to excellence.

Over the past 2 years, I have practiced anesthesia at a world renowned medical center, working with some of the very best and brightest. I enjoy doing complex cases that challenge my clinical skills and stir my intellectual curiosity. I also work with some very gifted nurse anesthesia students who enhance my professional practice. I have come to appreciate that knowledge is power, and that our thirst for knowledge must be insatiable.

While attending the 2007 AANA Annual Meeting this past August in Denver, Colorado, AANA President Terry Wicks, CRNA, MHS, announced the adoption of the official position statement: "The AANA supports doctoral education for entry into nurse anesthesia practice by 2025."³ After reading the 2 columns by Dr Horton, moving to a doctoral education entry requirement seems a logical next step for our profession. I strongly recommend that all CRNAs read the 2-part column in order to better understand the foundation of this now adopted educational position statement.

REFERENCES

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3. AANA Adopts Position on Doctoral Preparation of Nurse Anesthetists. *AANA NewsBulletin.* August 2007;61(8):16.

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EPIDURAL CATHETER COMPLICATION

To the editor:

I wish to report the incidence of failure to separate an epidural catheter from a Tuohy needle. A labor epidural was administered in a healthy 22-year-old

parturient. In a sitting position, a Tuohy needle was placed into the L4-5 space. While the needle was in subcutaneous tissue at the 2-cm mark, blood came out of the needle. Bleeding stopped after the needle was further advanced. The needle was flushed with 1% lidocaine and then advanced into the epidural space by loss-of-resistance technique at 5 cm. An epidural catheter was inserted uneventfully through the Tuohy needle. The epidural needle was removed; however, when the Tuohy needle was near the end of the catheter, the needle could not be moved in either direction (Figure 1). Constant force was applied to remove the needle, which caused the epidural catheter to become longer and thinner (Figure 2). At this point, it was uncertain whether the catheter was still intact. The decision was made to remove the catheter and needle, and

Figure 1. The epidural catheter cannot be separated from the Tuohy needle.

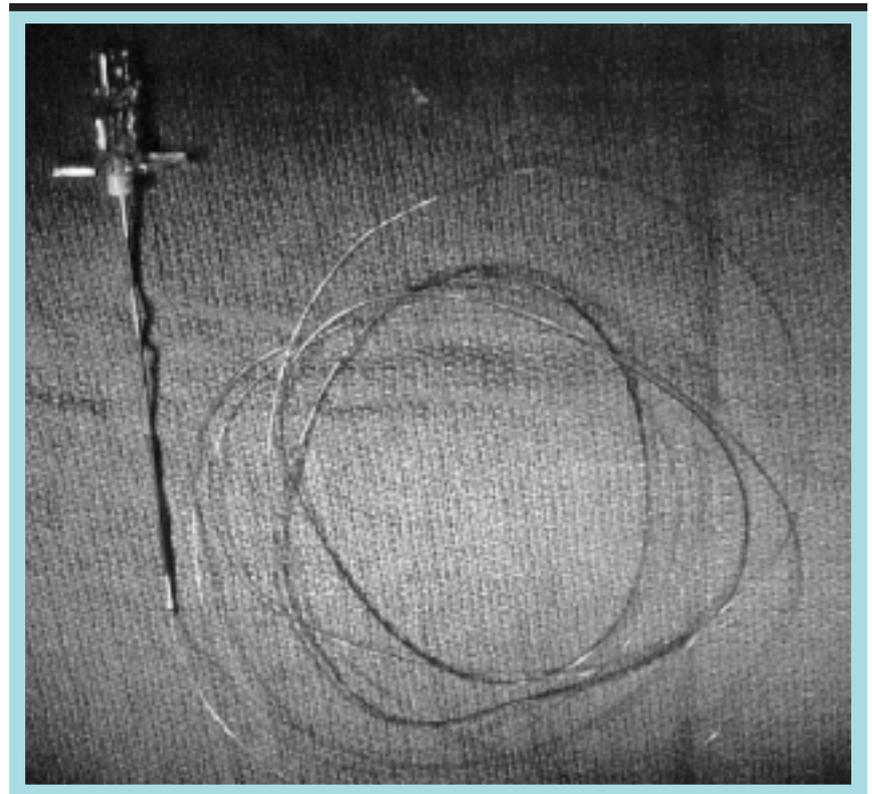
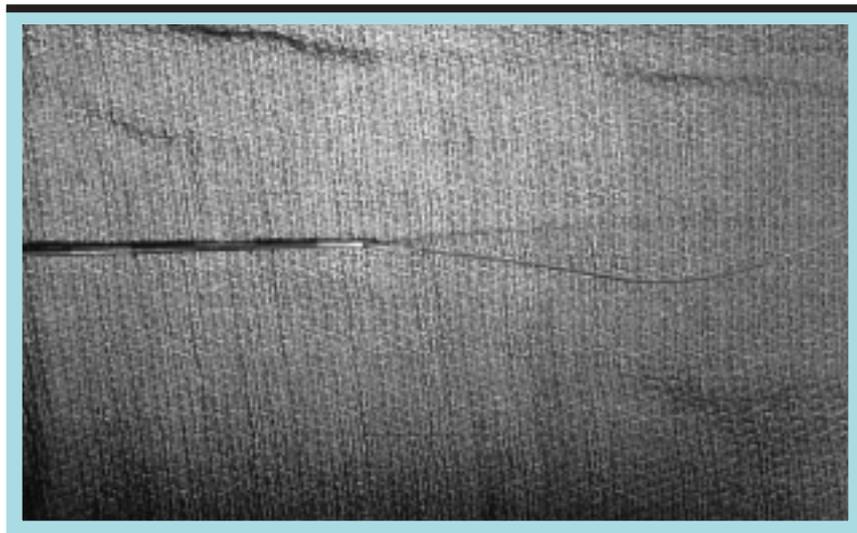


Figure 2. The catheter became thinner after force was applied to separate the catheter from the Tuohy needle.



both were examined closely. No visible defect was identified.

Epidural catheter complications (knotting, kinking, breakage, and blocked) have been reported.¹⁻⁴ In this case, it is difficult to explain how the

catheter was stuck on the Tuohy needle. I hypothesize that a small blood clot in the Tuohy needle caused the difficult separation, and it increased the resistance between the needle and catheter. According to basic physics,

this resistance increased the sum of work while the Tuohy needle traveled along the epidural catheter. The total heat was increased, which dried out the blood clot. Then, the Tuohy needle was unable to separate from the catheter in either direction. The other possible explanation is the defect of the catheter.

REFERENCES

1. Gupta S, Singh B, Kachru N. "Blocked" epidural catheter: another cause. *Anesth Analg.* 2001;92:617-618.
2. Karraz M. Knotting of an epidural catheter like a tie. *Anesth Analg.* 2002;95:257.
3. Sah N, Finegold H. Breakage of epidural catheters in two parturients. *Can J Anaesth.* 2003;50:619-620.
4. Roddin MJ, Dancey FM. Kinking of epidural catheters. *Anaesthesia.* 2000;55:831.

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