INTRODUCTION
Epidural anaesthesia or analgesia is an effective method of providing pain relief to children. The drip and tube method to locate the epidural space is described in literature as useful and reliable in infants. Several advantages over traditional loss of resistance methods using air or saline are reported.

OBJECTIVES
We aimed to evaluate the effectiveness of this method in infants ≤ 10kg in our hospital, as well as associated complications.

METHODS
Retrospectively collected data from medical records:
- all infants ≤ 10kg
- underwent thoracic and lumbar single-shot or continuous epidural anaesthesia/analgesia
- with drip and tube method
- over a period of 11 years

RESULTS
We included 266 patients, aging between 0.7 and 48 months.
The majority was submitted to lumbar epidural continuous technique.

Table 1 – Population clinical and demographic characteristics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age (months)</th>
<th>Weight (Kg)</th>
<th>ASA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>104 (39.1%)</td>
<td>11.8 ± 6.8</td>
<td>8.27 ± 1.99</td>
</tr>
<tr>
<td>Male</td>
<td>162 (60.9%)</td>
<td>126 (47.4%)</td>
<td>112 (42.1%)</td>
</tr>
</tbody>
</table>

Table 2 – Anaesthetic technique and surgery characteristics

<table>
<thead>
<tr>
<th>Anaesthetic technique (n/%)</th>
<th>Surgery (n/%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic epidural “single-shot”</td>
<td>Urologic 122 (45.9%)</td>
</tr>
<tr>
<td>continuous</td>
<td>Gastrointestinal 98 (36.8%)</td>
</tr>
<tr>
<td>Lumbar epidural “single-shot”</td>
<td>Orthopaedic 41 (15.4%)</td>
</tr>
<tr>
<td>continuous</td>
<td>Thoracic 5 (1.9%)</td>
</tr>
<tr>
<td>continuous</td>
<td></td>
</tr>
</tbody>
</table>

Overall insertion success rate of this method was 98.5%.
- 3 cases (1.1%) of inadvertent dural puncture
- 1 case (0.4%) of intravascular catheter insertion.
No other complications were reported.

CONCLUSIONS
In this study we show that the drip and tube method used to locate the epidural space:
- is feasible and safe in infants ≤ 10kg
- has a high success rate
- has relatively few complications.

REFERENCES
1 Llewellyn N & Moriarty A. The National Pediatric Epidural Audit. Ped Anesth 2007; 17:520-533

CONTACT INFORMATION
Catarina Oliveira
Hospital Dona Estefânia – Centro Hospitalar Lisboa Central, E.P.E.
Rua Jacinto Marto, 1169-045 Lisboa
cat.ol.89@gmail.com