To,
The President
The Association of Anaesthetists of Great Britain & Ireland
London

Dear President,

I wish to share my experience with new safety spinal needles with everyone concerned.

Safety spinal needles

NPSA Alert dictates that all spinal, epidural and regional anaesthesia needles should be replaced with non-luer lock connectors to avoid wrong route drug injection in order to improve patient safety by April 2012. I wish to share my experience of using such safety spinal needles in last three weeks since its introduction in our department.

After recently attending a Regional Anaesthesia meeting, I was excited by the plans to introduce new safety needles and was delighted to see these needles on my anaesthetic trolley in the new year. It was like a dream come true. However, very soon I also realised the difference between the dream and reality. Seeing something in a meeting is completely different from using it in a clinical situation. There are a number of problems I have come across which are associated with these needles:

1. Problem with the preparation because safety needle only fits onto the filter needle hence a system of drawing up the drugs is needed.

2. In my experience there is a different feel when the dura is punctured.

3. If CSF is slow to come or does not come at all then no other syringe in the pack will fit on the safety needle and safety syringe is not available because safety syringe is already filled with Bupivacaine mixture. Extra pack has to be opened to have another safety syringe.

4. If there is blood in the needle then it can not be flushed because the safety syringe is already loaded with calculated dose of Bupivacaine mixture hence again not available for this. Either another safety syringe or a new safety needle will be required.

5. If accidental dural puncture happens with the introducer needle then it will not be possible to inject Bupivacaine mixture because safety syringe does not fit the introducer needle. Therefore, either one has to resort to second dural puncture with the safety needle or transfer the contents from the safety syringe into another luer-lock syringe which will fit onto the introducer needle. Introducer needle can be used to inject from any syringe because it is a luer-lock connection so safety does not exist there.

Issues with new safety needles

The introduction of safety needles poses a danger of making a proven safe technique unsafe in the name of patient safety. NHS has tested doctors’ intelligence and abilities to handle change several times over the last decade. I have no doubt that doctors especially anaesthetists will be able to adapt to these needles, but at the cost of patients suffering from failed and repeat spinals and its
consequences, and unnecessary conversion to GA. This problem will be compounded for an emergency procedure.

The NHS is already struggling due to the constant changes being made in training and teaching. This added burden regarding safety needles is the last thing we need in this difficult time of financial constraint. There will also be problems in assessing the competence of the trainees in using these safety needles. The question is: do we really need these new safety needles? The money could definitely be better spent on other patient safety issues such as preventing awareness under general anaesthesia, which is a much more common problem than the wrong route intra-theecal injection which is not at all a widespread problem among anaesthetists.

References:

1. The Introduction of New Neuraxial Connectors into the NHS – updated 25th October 2011 AAGBI, RCA, OAA, SALG.


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