Continuous epidural infusion analgesia (EIA) is an accepted technique for pain relief after major surgery. The technique is an acquired one and requires repeated exposure. Chalkiadis in his visionary article\(^1\) of 2003 suggested that the future of epidural analgesia was uncertain. In our institution we have become aware of a decrease in utilisation of EIA.

A number of studies\(^2,3\) have recognised that EIA is associated with complications, but that the rate of complications is reassuringly low. We have audited our last ten years of EIA and pain service practice. There has been a steady decline in use of EIA in our institution. The practice of the whole UK was then surveyed and the results similar.

There are a number of reasons for this decline in our trust:

a) An increase in laparoscopic surgery  
b) An increase in other analgesic techniques, including Paravertebral blockade and the Transversis Abdominus Plane (TAP) block  
c) Dilution of expertise  
d) A serious clinical incident in a patient undergoing EIA resulting in paraplegia.

If this fall in numbers of EIA is mirrored elsewhere for the reasons a) to c) stated above, we may be seeing a decline in numbers. Below which a trigger point is reached where the technique is performed so rarely as to be lost.

References