



Caudal Blockade

1.
Can you describe the anatomy of the sacrum? Draw a diagram to illustrate if this helps.
2.
Can you draw a lateral view of the sacral canal?
3.
What does the sacral canal contain?
4.
In what ways is the sacral canal the same, and how does it differ between adult and child?
5.
Describe how you would perform a caudal block.
6.
Which local anaesthetic agent would you use, and how do you decide upon dose?
7.
Which drugs can be added to local anaesthetics to be injected caudally?
8.
What would you explain to the mother about the caudal block?
9.
What complications of caudal anaesthesia do you know?
10.
What would you tell the mother about the risks?

Disclaimer: This mock viva was written by Dr Alyson Calder, Trainee Representative APAGBI and is designed to stimulate discussion and further reading. It does not represent the views of the Royal College of Anaesthetists. Please email alysoncalder@doctors.org.uk with any questions or comments.

29th April 2012.



Useful Reading:

1. Patel D. Epidural analgesia for children. *Continuing Education in Anaesthesia, Critical Care & Pain* 2006; **6**(2): 63-66.
2. www.nysora.com/regional_anesthesia/sub-specialties/pediatric_anesthesia/3087-pediatric_epidural_and_caudal_analgesia_and_anesthesia_in_childr.html

ADULTS	CHILDREN
Dura ends at S2	Dura ends at S4 at birth (S2 by approx. 2 years old)
Sacral fat pad	Easier to feel sacral hiatus
Epidural fat dense (difficult to achieve a higher block)	Epidural fat loose, less fibrous in epidural space, so local anaesthetic spreads well
Possibly more likely to see a drop in BP with sympathetic block	Delay in ANS maturation, so cardiovascular stability seen

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