

## Accuracy in estimating the correct intervertebral space level during lumbar, thoracic and cervical epidural anaesthesia.

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### **BACKGROUND:**

Even in the absence of factors concealing anatomical landmarks, high failure rates in correctly determining a given lumbar interspace have been reported.

### **METHODS:**

Therefore, it was the aim of the present study to compare the assessed and factual level (determined by computed tomography) of epidural puncture in attending a regional anaesthesia cadaver workshop. Eighty-two anaesthetists performed 117 punctures.

### **RESULTS:**

Vertebral interspaces between T8-L4 were correctly identified more often than those between C3-T5 ( $P < 0.05$ ). Identification of an arbitrarily chosen vertebral interspace was excellent in both the cervical/high thoracic and thoracic/lumbar regions.

### **CONCLUSION:**

As previously conjectured only for the lumbar region, we could confirm the tendency of anaesthetists to perform neuraxial puncture more cranially than expected also for the thoracic and cervical regions. The large majority of punctures (93.7%) was performed within one interspace of the predicted level