

A systematic review of DURAL puncture epidural analgesia for labor

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© 2018 Study objective: This systematic review aimed to summarize the evidence derived from randomized controlled trials (RCTs) comparing dural puncture epidural analgesia (DPEA) and conventional lumbar epidural analgesia (LEA) for women undergoing labor. Interventions: The MEDLINE and EMBASE databases were searched from inception to July 2018 in order to find RCTs published in the English language, which investigated DPEA in laboring women. Main results: Six RCTs were included in the final analysis. Their collective results remain ambiguous. Dural puncture with small (i.e., 26- or 27-gauge) spinal needles seems to confer either minimal benefits or improved analgesic quality and lower pain scores in the first 10 min. Dural puncture with 25-gauge spinal needles has been reported to provide higher success rate than conventional LEA in one trial; however two other studies could only agree on the fact that DPEA results in improved sacral blockade and fewer unilateral blocks compared to LEA