

Spinal infusions for analgesia - What do you do?

December 2014 – February 2015

Number of responses = 62

1) Where is your main place of work? (one_of)

answer	votes	% of vote
Hospital	21	34%
Specialist palliative care unit within a hospital	13	21%
Specialist palliative care unit outside of a hospital	23	37%
Community	6	10%

2) In your palliative care practice, approximately how many patients have received spinal infusions for analgesia in the last 12 months? (one_of)

answer	votes	% of vote
None	27	44%
1-5 patients	28	45%
6-10 patients	2	3%
11-20 patients	3	5%
>20 patients	3	5%

3) Are any of the following barriers to the use of spinal infusions for analgesia in your service? (many_of)

answer	votes	% of voters
Lack of access to a pain anaesthetist	23	37
Lack of expertise amongst staff to manage patients with spinal infusions for analgesia	30	48
Lack of expertise to provide out-of-hours emergency cover to manage any complications of spinal infusion	31	50
Other (please specify in the comments section at the end)	9	15
None of the above	18	29

4) Which route do you generally use? (one_of)

answer	votes	% of vote
Epidural	23	37%
Intrathecal	28	45%

5) What factors influence your choice of route between epidural or intrathecal? (freetext)

The following is a summary:	votes
Recommendation/ preference of the anaesthetist	15
Experience of staff with the route / safety concern	6
Prognosis	6
Severity of disease/pain localization	5
Patient convenience/preference	3
Potential for infection /complications	3
Where the patient will eventually be cared for	3

6) Which device do you generally use where prognosis is anticipated to be *less than 3 months*? (one_of)

answer	votes	% of vote
External pump	49	79%
Implantable pump	2	3%

7) Which device do you generally use where prognosis is anticipated to be *greater than 3 months*? (one_of)

answer	votes	% of vote
External pump	25	40%
Implantable pump	23	37%

8) What other factors influence your choice of external or implantable device? (freetext)

The following is a summary:	votes
Cost/funding	10
Availability of devices	7
Choice of anaesthetist	4
Patient choice	4
Familiarity with device	2
Availability of services to fill pumps	1

9) If you use an *external* pump device, which model do you generally use? (freetext)

There were 25 responses:	
CADD pumps (5 specified Legacy pumps, of these 3 were the PCA model; 1 specified Prizm model)	11
Graseby pumps (2 did not specify the model; 1 specified the syringe driver)	3
Baxter elastomeric infusors	3
CME McKinley T34 / Niki T34	2
Whatever is supplied by the service/anaesthetists	2
Abott pump (model not specified)	1
Braun Perfusor PCA	1
Micrel Rhythmic	1
Walkmed	1

10) If you use an *implantable* pump device, which model do you generally use? (freetext)

There were 7 responses:	
Medtronic implantable pump	6
Codman Archimedes implantable pump	1

11) What is generally your initial drug choice? (one_of)

<i>answer</i>	<i>votes</i>	<i>% of vote</i>
Opioid alone	6	10%
Opioid + local anaesthetic	28	45%
Opioid + clonidine	0	0%
Opioid + local anaesthetic + clonidine	11	18%
Other (please specify in the comments section at the end)	1	2%

12) Do you have any guidelines/protocols relating to spinal infusions? (yes_no)

<i>answer</i>	<i>votes</i>	<i>% of vote</i>
Yes	18	29%
No	28	45%

13) Further comment/ clarifications from previous questions. (freetext)

Four members commented on the difficulties of caring for patients with spinal infusions once discharged into the community.