## VanP:CUS

ULTRASOUND ASSISTED LUMBAR PUNCTURE

Vanpecus
DISCLOSURES
> None

## BASIC PRINCIPLES

- Usually done as "mark and go"
- POCUS helps with:
- Locating intervertebral spaces
- Estimating depth of needle insertion



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Equipment checklist:
$\checkmark$ ULTRASOUND WITH CURVILINEAR PROBE $\checkmark$ GEL

PEN / MARKER / SYRINGE


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TRANSVERSE - IDENTIFY MIDLINE


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TRANSVERSE - IDENTIFY MIDLINE


## TRANSVERSE - IDENTIFY MIDLINE



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SAGITIAL - IDENTIFY INTERVERTEBRAL SPACE


## SAGITTAL PARAMEDIAN APPROACH



## VanPOCUS

## SAGITTAL PARAMEDIAN APPROACH



Spinous Process


Facet Joint or Articular Process

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SAGITTAL - IDENTIFY INTERVERTEBRAL SPACE


## VanPOCUS

## SAGITTAL - IDENTIFY INTERVERTEBRAL SPACE



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## TRANSVERSE - MEASURING DEPTH AND ANGLE



## VanPOCUS

## TRANSVERSE - MEASURING DEPTH AND ANGLE



## ENSURE THE PATIENT REMAINS IN THE SAME POSITION

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## WHAT IS THE EVIDENCE?

A RANDOMIZED CONTROLLED TRIAL OF ULTRASOUND-ASSISTED LUMBAR PUNCTURE, NOMURA JETAL, J ULTRASOUND MED 2007

Failure Rate



27\%
No difference in attempts, length, ease of procedure or patient comfort

## VanP©CUS

Failure Rate
Obese

(BMI $\geq 30)$ | No difference in |
| :--- |
| attempts, length |
| or patient comfort |

## CONCLUSION:

"THE USE OF ULTRASOUND FOR LP SIGNIFICANTLY REDUCED THE NUMBER OF FAILURES IN ALL PATIENTS AND IMPROVED THE EASE OF THE PROCEDURE IN OBESE PATIENTS"

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## WHAT IS THE EVIDENCE?

ULTRASOUND FOR ROUTNE LUMBAR PUNCTURE, PETERSON M ETAL, ACAD EMERG MED 2014


| VanPocus |  |  |
| :---: | :---: | :---: |
|  | Nomura (2007) | Peterson (2014) |
| US Training | "Trained" | None |
| LP Experience | Experienced | Variable |
| Sample Size | 46 | 100 |
| Blinding <br> Powered for <br> Obese Subgroup | Yes | No |

## VanPOCUS

## WHAT IS THE EVIDENCE?

ULTRASOUND-ASSISTED LUMBAR PUNCTURE: A SSSTEMATIC REVIEW AND METAANALYSIS, GOTILIEB M ET AL, ACAD EMERG MED 2018

- 12 STUDIES (TOTAL N = 957)
- BETTER SUCCESS RATE (90\% VS 81\%)
- FEWER TRAUMATIC LPS (10.7\% VS 26.5\%)
- SHORTER TIME TO SUCCESS (6.87 MIN VS 7.97 MIN)
- FEWER ATTEMPTS (2.07 VS 2.66)
- LOWER PATIENT PAIN SCORES (3.75 VS. 6.31)


## BOTTOM LINE

- Operator dependent
- Provides visualization of spinal structures
> Benefit likely higher in patients with difficult body habitus
- Helpful adjunct to a common EM procedure



## VanP:CUS


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