

■ Letter To Editor

Is yoga style crossed leg sitting position best for neuraxial analgesia and/or anaesthesia for delivery?

Yoga tarzı bağdaş oturuşu, nöroksiyal analjezi ve / veya doğum anestezi için en iyi pozisyon mudur?

Berrin GUNAYDIN¹ , Naciye Turk OZTERLEMEZ¹ , Gozde INAN¹ , Selin EREL² 

¹Gazi Universtiy Faculty of Medicine, Department of Anaesthesiology and Reanimation, Ankara/TURKEY

²Turhal State Hospital, Department of Anaesthesiology and Reanimation, Tokat/TURKEY

The patient's position including standard traditional sitting position (TSP) or lateral position during insertion of the epidural catheter plays a major role in the success of labour epidural analgesia [1-3]. Recently, crossed-legged sitting position (CLSP) has been recommended as an alternative for the administration of regional analgesia for labour [4]. The authors compared the cross-legged sitting position (CLSP) with traditional sitting position (TSP) in performing epidural analgesia for labor to elucidate which is an easier option for placing an epidural catheter. The rate of successful epidural insertion at the first attempt was higher in CLSP group than that of TSP group (88% vs 44%). The landmark, needle-bone contact and comfort during positioning were comparable between the groups [4]. In an earlier study, maternal and neonatal effects of either TSP or lateral decubitus position to perform combined spinal epidural (CSE) anaesthesia in otherwise healthy parturients underwent elective caesarean section (CS) were investigated [2]. Rate of performing CSE at the 1st attempt was higher in the TSP than that of lateral decubitus position (73.3% vs 40%). Incidence of

paresthesia due to Whitacre spinal needle used for CSE was less in the TSP than that of lateral decubitus (3.3% vs 20%) [2]. Thus, choice of CLSP over TSP for epidural block during labor analgesia and TSP over lateral decubitus for CSE for CS seem to be better in terms of ease of insertion [2,4]. In a study including 60 pregnant women with lumbopelvic pain practicing yoga in CLSP had lower pain compared to standard posture exercise [5]. Yet to our knowledge, there is no study that primarily compares the three positions (TSP, CLSP or lateral decubitus) altogether to demonstrate the ease of insertion of epidural catheter for vaginal and caesarean delivery to provide analgesia and/or anesthesia. If CLSP could have been one of the competitors of the two studies [2,4], we would be able to suggest one position over another without any hesitation. Despite aforementioned concerns, either conventional lumbar epidural or CSE particularly for delivery in CLSP for a term parturient might be considered as advantageous due to mainly ease of performing and comfort of the parturient in the CLSP.

Keywords: cross leg sitting position; neuraxial analgesia; epidural; yoga

Corresponding Author*: Berrin Gunaydin, Gazi Universtiy Faculty of Medicine, Department of Anaesthesiology and Reanimation, Ankara/TURKEY
E-Mail: gunaydin@gazi.edu.tr

Received: 29.05.2020 Accepted : 29.05.2020

ORCID: 0000-0002-0422-5536

Doi: 10.18663/tjcl.744965

Declaration of conflict of interest

The authors received no financial support for the research and/or authorship of this article. There is no conflict of interest.

References

1. Xu Z, Yao X, Zhang Y, Chen X, Zhou X, Shen F et al. Efficacy of different positions for neuraxial anesthesia in caesarean section: A meta-analysis. *Int J Clin Exp Med* 2016; 9: 20255–67.
2. Tan ED, Gunaydin B. Comparison of maternal and neonatal effects of combined spinal epidural anaesthesia in either the sitting or lateral position during elective cesarean section. *Turk J Anaesth Reanim* 2014; 42:23–32
3. Kharge ND, Mali A, Gujjar P. Comparison of haemodynamic effects of lateral and sitting positions during induction of spinal anaesthesia for elective caesarean section. *Int J Res Med Sci* 2017; 5: 851–56.
4. Puthenveetil N, Sandhya S, Joseph N, Nair S, Paul J. Comparison of cross-legged sitting position with the traditional sitting position for the ease of insertion of an epidural catheter in parturient for providing labour analgesia: A randomised control trial. *Ind J Anaesth* 2020; 64:199-203
5. Martins RF, Silva JLP. Treatment of pregnancy-related lumbar and pelvic girdle pain by the yoga method: A randomized controlled study. *J Alternative Complement Med* 2014; 20: 24-31.