
Summary:

The Department of Health aims to eliminate the use of devices with a Luer connector firstly from single shot neuraxial procedures (April 2012) and subsequently from all neuraxial and regional anaesthesia procedures (April 2013). This initiative is important for all anaesthetists, oncologists, paediatricians and neurologists. Once achieved, non-Luer connectors for neuraxial procedures will create one more barrier to wrong-route errors. The period until full implementation and market stability remains problematic. Avoidance of unintended consequences requires professional and individual attention to detail. Considerable progress has been made by manufacturers in the last year in improving the quality and range of equipment available, but despite this not all the necessary equipment is available and there remains a lack of independent evaluation, which is urgently needed to enable clinicians to judge the absolute and relative performance of different connectors. Initial evaluation of devices with new connectors can (and should) take place in a laboratory with rigs and manikins, with patient-based evaluation following after the results of the technical and usability evaluations are available. A structured evaluation of all five current connectors is urgently needed. Non-Luer connectors, however successful, will not create barriers to several type of wrong-route error and solutions to these should also be actively sought. It is clear that the initiative has been more complex than the Health Select Committee, the National Patient Safety Agency and the External Reference Group anticipated, but while there is still much work to be done, we should acknowledge that much progress has been made.