child's surgery. The patient will often show 'la belle indifference' or lack of anxiety, and there will be primary and secondary gain achieved; primary gain from the symptom which symbolises the unconscious conflict, and secondary gain by the attention the patient receives [2,3]. The diagnosis can be made by elimination of an organic cause together with obtaining a careful history, including timing of events and any underlying stress. The key to successfully treating conversion reaction is limitation of unnecessary investigations and rapid referral to paediatric services. When the diagnosis can be made early and presented with certainty, both parental acceptance and the child's recovery are easier [2,3].

Although rare, it is worth considering this diagnosis in the face of unexplainable and unusual physical symptoms, and to involve the appropriate teams early.

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Decreasing epidural failure

We report a simple technique to reduce the failure rate of epidural analgesia.

There are many causes of epidural failure and amongst the most common in the postoperative period is disconnection [1] often occurring at the point where catheter is joined to the filter. This may lead not only to a cessation of analgesia but also inappropriate catheter removal or a risk of infection should the catheter be reconnected. Having recently arrived in the United States we noticed that a commonly employed practice was to form a loop in the epidural catheter and tape it to the filter (see Fig. 5). This protects the junction between catheter and filter from any force applied in much the same way that loops made in intravenous lines help to prevent inadvertent cannula removal. Care should be taken to avoid kinking the catheter or creating too large a loop. We have not seen a similar practice in the UK and believe that if widely used it may help to prevent postoperative epidural failure.

Figure 5 Loop of epidural catheter taped to filter.

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