International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Index Copernicus Value (2013): 6.14 | Impact Factor (2013): 4.438

# Anesthetic Management of Obese Partuerent Coming for Emergency C- Section

**Dr. H.R.Swetha[1], Dr. Parashuram, Jajee[2]**

[1]Assistant Professor SIMS, Bangalore, India

[2]Professor & HOD Department of Anaesthesia. SIMS, Hesargata Main Road, Bangalore, India

**Abstract:** ***Obesity is a risk factor for anaesthesia related maternal mortality. Here is a case where spinal anesthesia was given to a parturient with morbid obesity, and deep transverse arrest coming for emergency C-section***

**Keywords:** anaesthesia, obese, parturient, emergency, c section

## 1. Case Report

An 30 year old Female $G_2$ $P_2$ $L_1$ 40 weeks previous normal delivery came with deep transverse arrest for emergency c-section, she was a morbid obese patient.

She was short statured, Ht-150 cm, Wt – 150 Kg, her PR-90/mim, BP-130/90, airway showed stort neck, TMD <6.5 cm, mouth opening adequate, mallapathi grade II. She was NPO for 4 Hours. No recent investigations done. Since no investigation available full stomach, difficult airway, spinal anaesthesia was planned 18 G cannula was put to Right hand she was preloaded with 500 ml RL BP, PULSE Oximeter, chest leads, was connected base line reading was PR 82/min, BP -120/80, $SPO_2$-94 UNDER Room AIR PATIENT PUT in sitting Positing Position, Under Aseptic Precaution, Lumbar Puncture done with 22G Needle blindly at $L_5$ $L_4$ after 4 attempts there was free flow of csf 0.5% heavy bupivocain 2 ml was given after free flow of csf and patient put in supine position. After 1 min level checked and surgery started lower transverse incision was put and a live female baby of 4.25 kg delivered. Inj oxytocin 30 IU given. There was pph it was managed with inj methergin inj prostadin.

After uterine closure patient started complaining of pain inj midazolam 1.5mg inj fentanyl 50ml inj paracetamol 1 gm inj diclofenac given. For skin closure local anaesthesia was given. Duration of spinal anaesthesia was 1 Hnr. Duration of surgery was 1:45 mins.

Post operative anaesthesia managed with parascetamol infusion, anamol suppository, inj tramazac. She was mobilized within 4 Hour of surgery. She was fine and discharged on 5$^{th}$ pod. (post operative day)

## 2. Discussion

The most recent report into maternal mortality in the uk 2003-05 saving mothers lives highlights the risk associated with obesity in obstetric population. On admission to Labour ward, They should be reviewed by duty anesthetist and anesthetic management plan should be made in case operative delivery is required.

Regional anaesthesia is preferred in obesity but requires a skilled anaesthtist and appropriate equipment. A back up plan to GA must always be considered and advanced airway skills, including awake fibro optic should be available.

Here patient presented for emergency lscs with transverse arrest in view of lack of time & obbese patients have high initial rate of unsuccessful regional anesthesia, especially epidural catheter placement, epidural was not put.

This patients presented to labour ward with fetal distress in midnight therefore before epidural could be arranged the patients was on operating table in view of difficult intubation need for fibrooptic intubation, single shot spinal anaesthesia was planed and in view of inadequate anaesthesia level supplementary opoids and analgesic given. Though epidural anesthesia is considered ideal for obese patient coming for lscs. In case of emergency I would like to share our experience of a successful operating delivery under spinal anaesthesia. In our case there was no complication to either baby or mother.

## 3. Conclusion

Looking for the complication due to general aneasthesia & epidural anaesthisia, spinal anaesthesia with supplementary iv analgesics can be considered in morbid obse parturient coming for emergency lscs.

## References

[1] www.bospa.org
[2] Practice auidelines for the peri operative management of patients with osa a report of American socity of anaesthesiology 2006 1081-93
[3] Patil s sinha p Krishnan s. successful delivery in morbidly obese patient after failed intubation and regional technique Br. J.anaaesthesia 2007, 99:919-20.
[4] Murphy PG Obesity. In: Hemmings HC Jr, Hopkins PM, editors. Foundations of Anaesthesia, Basic and Clinical Sciences. London: Mosby; 2000. p. 703-11.
a. Adams JP,
b. Murphy PG


Licensed Under Creative Commons Attribution CC BY

[5] Obesity in anaesthesia and intensive care. Br J Anaesth2000;85:91-108.
a. Sprung J,
b. Whalley DG,
c. Falcone T,
d. Wilks W,
e. Navratil JE,
f. Bourke DL
[6] The effects of tidal volume and respiratory rate on oxygenation and respiratory mechanics during laparoscopy in morbidly obese patients. Anesth Analg 2003;97:268-74.
a. Shenkman Z,
b. Shir Y,
c. Brodsky JB
[7] Perioperative management of the obese patient. Br J Anaesth 1993;70:349-59.
[8] Peri-operative Management of the Morbidly Obese Patient. London: Association of Anaesthetists of Great Britain and Ireland; 2007. Available fromhttp://www.aagbi.org/publications/guidelines/docs/Obesity07.pdf.
[9] Effect of obesity and thoracic epidural analgesia on perioperative spirometry. Br J Anaesth2005;94:121-7.
[10] Abstract/FREE Full Text Respiratory changes during continuous epidural blockade.Acta Anaesthesiol Scand 1972;16:27-46.
[11] MedlineWeb of ScienceGoogle Scholar Servin F, b. Farinotti R, c. Haberer JP, d.Desmonts JM Propofol infusion for maintenance of anesthesia in morbidly obese patients receiving nitrous oxide. A clinical and pharmacokinetic study. Anesthesiology 1993;78:657-65.
[12] Smith HL, b. Meldrum DJ, d. Brennan LJ Childhood obesity: a challenge for the anaesthetist? Paediatr Anaesth 2002;12:750-61.

## Author Profile

**Dr. Swetha H.R. (**M.D) Assistant professor Saptagiri Institute of medical science & research center Bangalore India

**Dr. Parashuram Jajee,** MD, DA prof and hod dept of anaesthesiology, saptagiri institute of medical science & research Bangalore India


Licensed Under Creative Commons Attribution CC BY