

Recap Day 1

Physiological changes

- A – more difficult intubation – why?

- Swollen mucous membranes
- More difficult Mallampati
- Big breasts

- Be aware! Pre-oxygenate!

- B – Quicker desaturation – 1 minute! – why?

- High Oxygen demand – esp in labour
- Lower FRC

- Pre-oxygenate! – gives 2-3 mins

- C – Vena Cava Syndrome – due to big uterus
- C – lower Hb – why?

- Increased blood volume - plasma volume more than red blood cells
- Don't treat anaemia if >11
- Don't lie flat on back! Wedge Wedge Wedge!

- Increased risk for aspiration – why?

- Delayed gastric emptying if in labour, or given opioids
- Decreased lower oesophageal sphincter tone
- Always do RSI if GA in pregnant woman or newly delivered (retained placenta etc)
- How is an RSI done?

RSI

- Preoxygenate!
- Suction available!
- Sodium Citrate
- Thiopentone/Ketamine
- Suxamethonium
- (Opioid)
- No ventilation (but ventilate if intubation difficult and hypoxia!)
- Cricoid pressure
- Intubate

Emergencies

- Think of mother first, not foetus
- Haemorrhage most common cause of death
- Wedge Wedge Wedge!

- Golden Rules – what are they?

Golden Rules

- A
- B
- C
- Oxygen
- Lateral position
- IV access
- Fluid

- Normal bleeding during vaginal delivery <500ml
- Normal bleeding during C/S <1000ml

- What is the first sign of ongoing haemorrhage and shock?

- Tachycardia!
- Treat always tachycardia with fluid early!
Tachycardia is haemorrhage until proven otherwise

- Communication between surgeons and anaesthetists v important
- Eg if placenta praevia / accreta

- Retained placenta – what is anaesthetic method of choice?

- Spinal (low dose) or GA
- NOT mask (high aspiration risk)

- C/S – if GA - patient should be intubated, NOT mask only.
- What is GA induction agent of choice for C/S?

- Thiopentone (4-7mg/kg) or Ketamine
- Low dose if hypovolaemic (50-75mg Thiopentone may be enough)
- Ketamine can lower BP if v. hypovolaemic – give fluid first if poss!
- Opioids can be used in RSI, but not routine at Karolinska

- Failed Intubation drill – what can be done if cant intubate cant ventilate?

- Ventilate even if RSI – hypoxia more dangerous than aspiration
- Bougie
- Wake up patient
- LMA
- Surgical airway eg use venflon and 3-way tap

- Ephedrine best drug for hypotension
- Pancuronium not recommended for C/S
 - Not needed by surgeon
 - Can give post-op muscle weakness and aspiration

- Muscle relaxants do not cross the placenta

Wed timetable

- 8am Recap
- 8.30 Neonatal Resus
- 9.30 Coffee
- 10.00 Drugs and Pain Relief
- 11.30 Scenarios
- 12.30 Lunch
- 13.15 Spinal Anaesthesia
- 14.00 Seminars
- 15.00 End