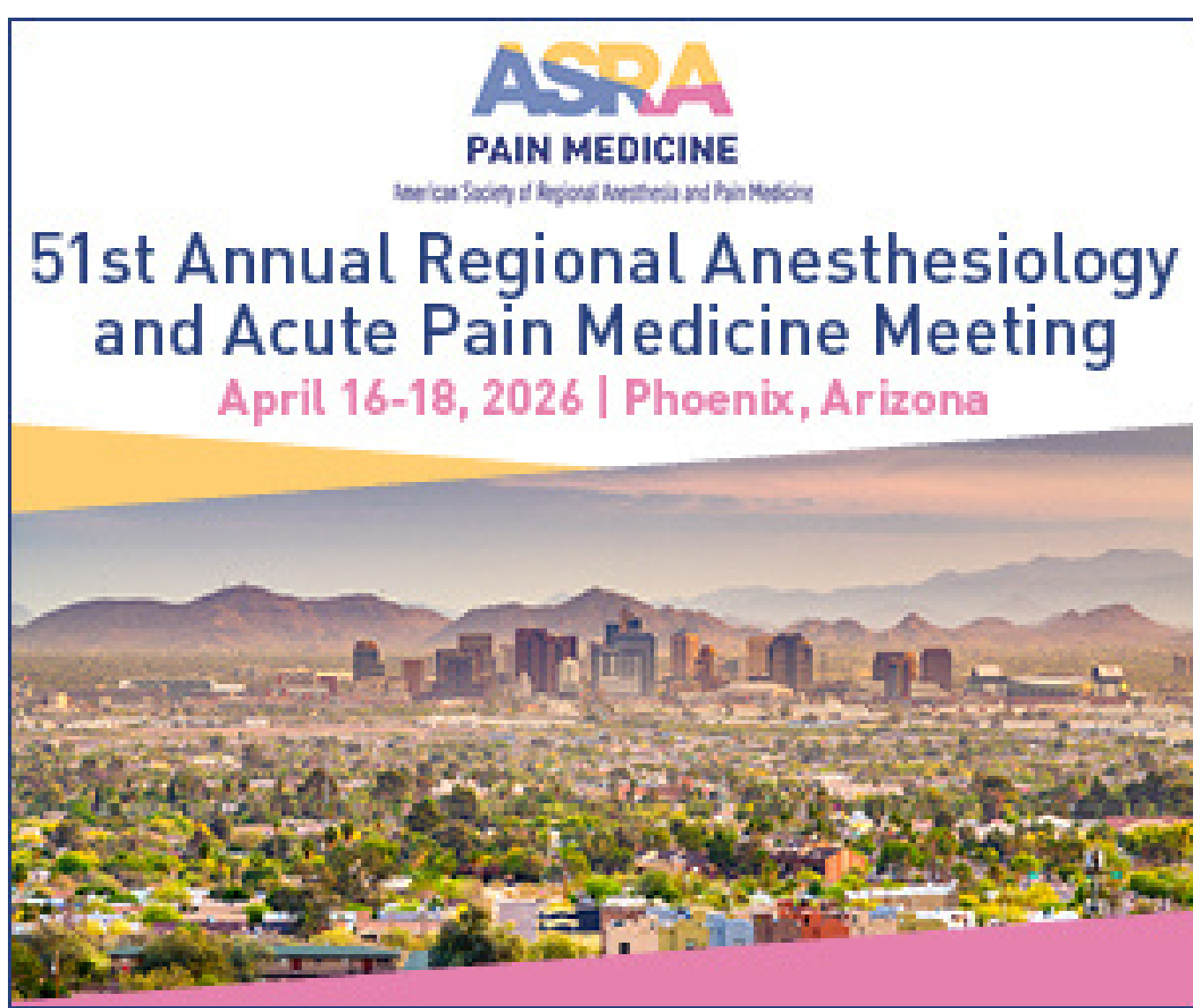


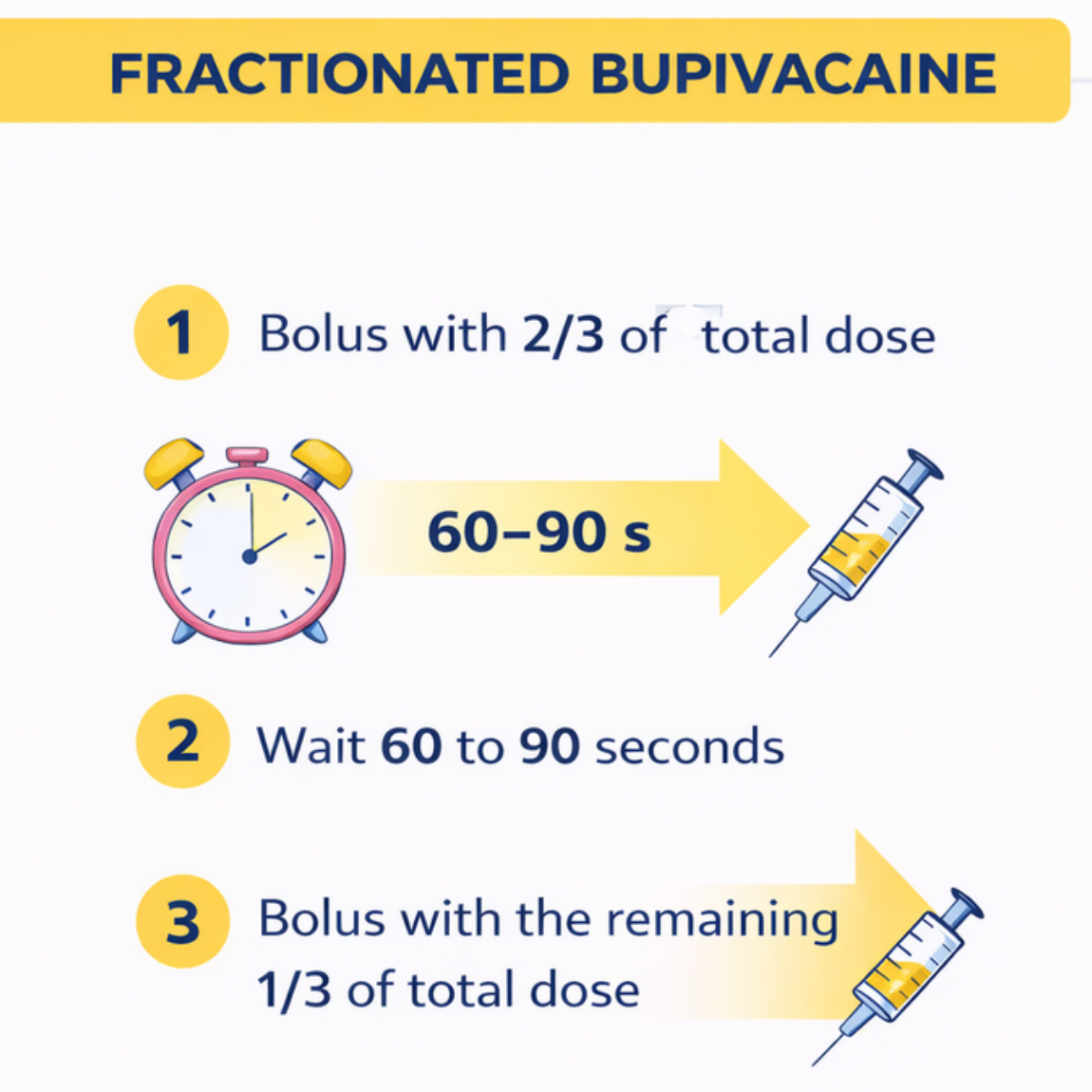


Fractionated vs single-shot intrathecal bupivacaine for cesarean delivery: A systematic review and meta-analysis

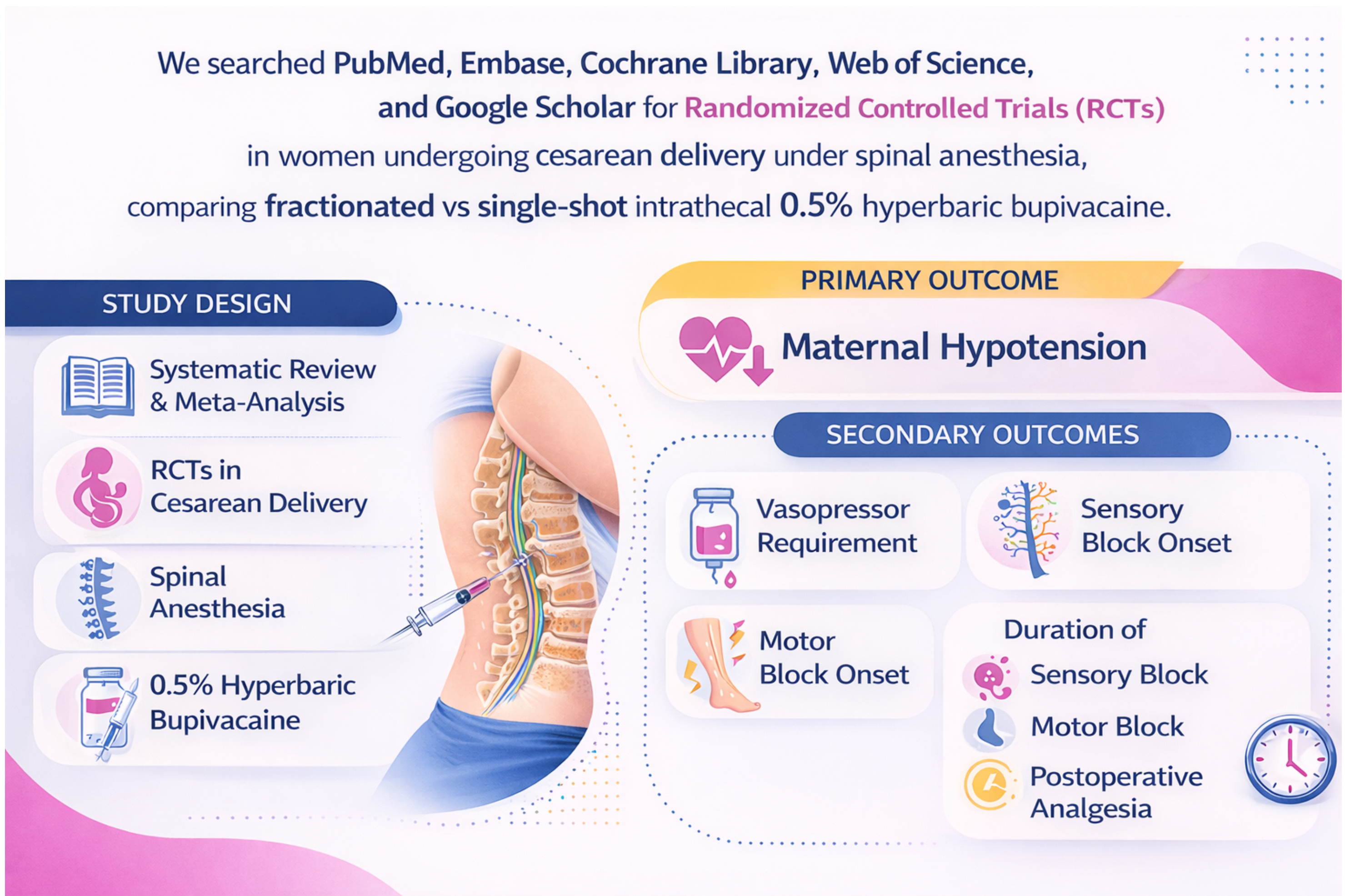
Gustavo N. de Medeiros, MS; Gustavo R.M Wegner, MD; Juliano N. Quineper, MD; Ana Flavia V. Leite, MD; **Gabriel B. Carvalho, MD**; Vinicius F. Sarmiento, MD; Julio S. Curi, MD; Joao Paulo M. Rodrigues, MD; Rafael A. Lombardi, MD.

BACKGROUND

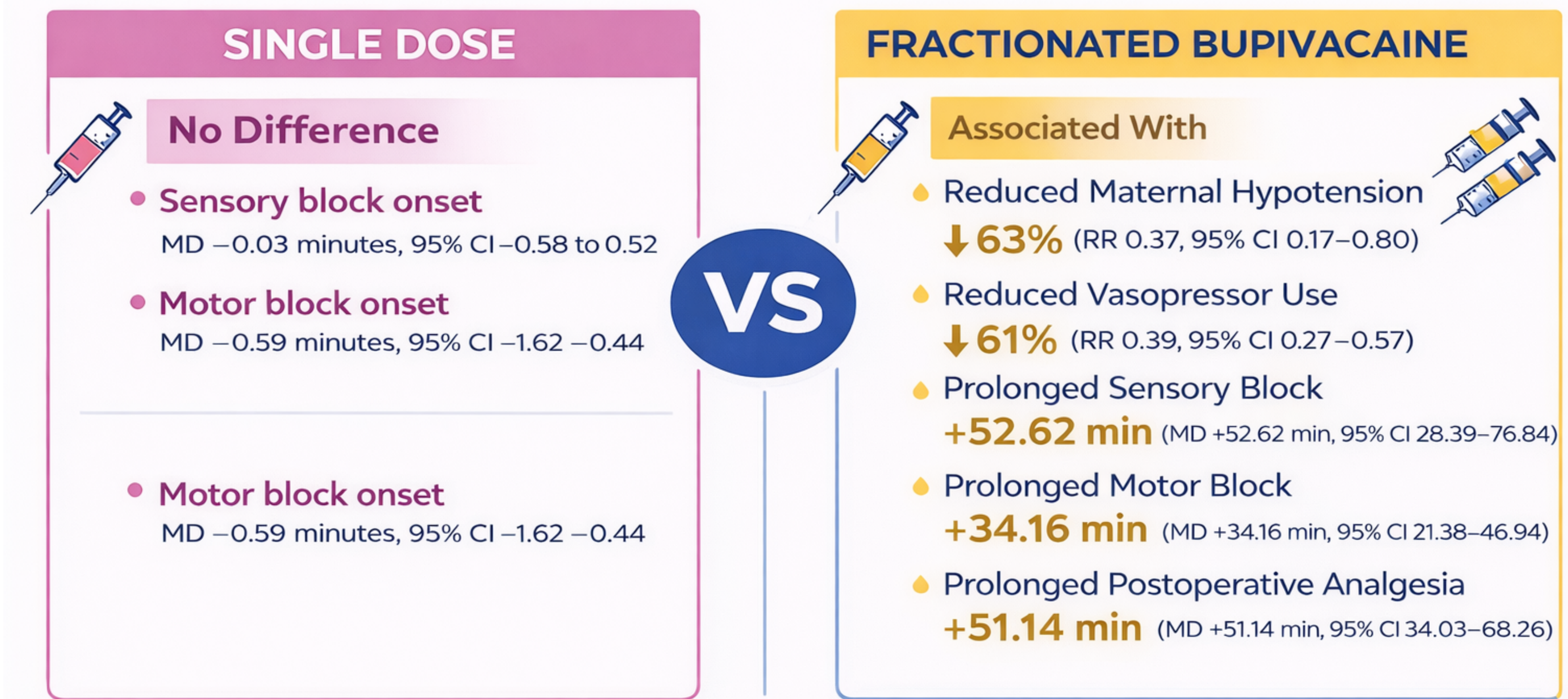
- Spinal anesthesia is the most commonly used anesthetic technique for cesarean delivery but is frequently complicated by maternal hypotension due to sympathetic blockade.
- Fractionated intrathecal dosing may attenuate hypotension by reducing abrupt sympathetic blockade.



METHODS



RESULTS



- Fractionated spinal anesthesia appears to be a **simple, reproducible strategy** to improve maternal hemodynamic stability during cesarean delivery.

DISCUSSION

- This meta-analysis of six randomized controlled trials (RCTs) demonstrated that fractionated intrathecal bupivacaine **reduces** maternal hypotension and vasopressor requirements during cesarean delivery
- Fractionated dosing also **prolonged the duration** of sensory block, motor block, and postoperative analgesia, without affecting block onset.
- The observed hemodynamic stability is likely related to a more gradual sympathetic blockade, rather than a reduction in the total anesthetic dose.
- Although protocol heterogeneity and limited reporting of some secondary outcomes were observed across studies, the overall findings were consistent.

Scan for more information



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