

A SURVEY OF PRACTICE REGARDING WAKE OR PROCEED DISCUSSIONS IN CATEGORY ONE CAESAREAN SECTIONS ACROSS MULTIPLE NHS TRUSTS

CHRISTOPHER NG, THAAMHARAH MAHENDRAYOGAM, WHITTINGTON HOSPITAL NHS TRUST

Introduction

- The incidence of difficult airway in obstetrics is higher than in the general population at 1 in 49[1]. The 2015 Obstetric Anaesthetists' Association (OAA) and Difficult Airway Society (DAS) guideline [2] tries to offer a systematic approach to difficult obstetric intubations.
- In the event of a failed intubation post induction, the team must make a decision whether it is appropriate to proceed or to wake the patient up.
- Though it is rarely necessary to wake the patient, guidelines recommend a discussion on its appropriateness in the event of a failed intubation.
- When looking to implement this guidance into our trust, we sought to find out whether or not other trusts did so and how they approached this sensitive topic.

Method

- We conducted an online poll of OAA leads across the UK for obstetric anaesthesia surveying whether "Wake or Proceed" was routinely discussed before a category one CS under general anaesthesia (GA).

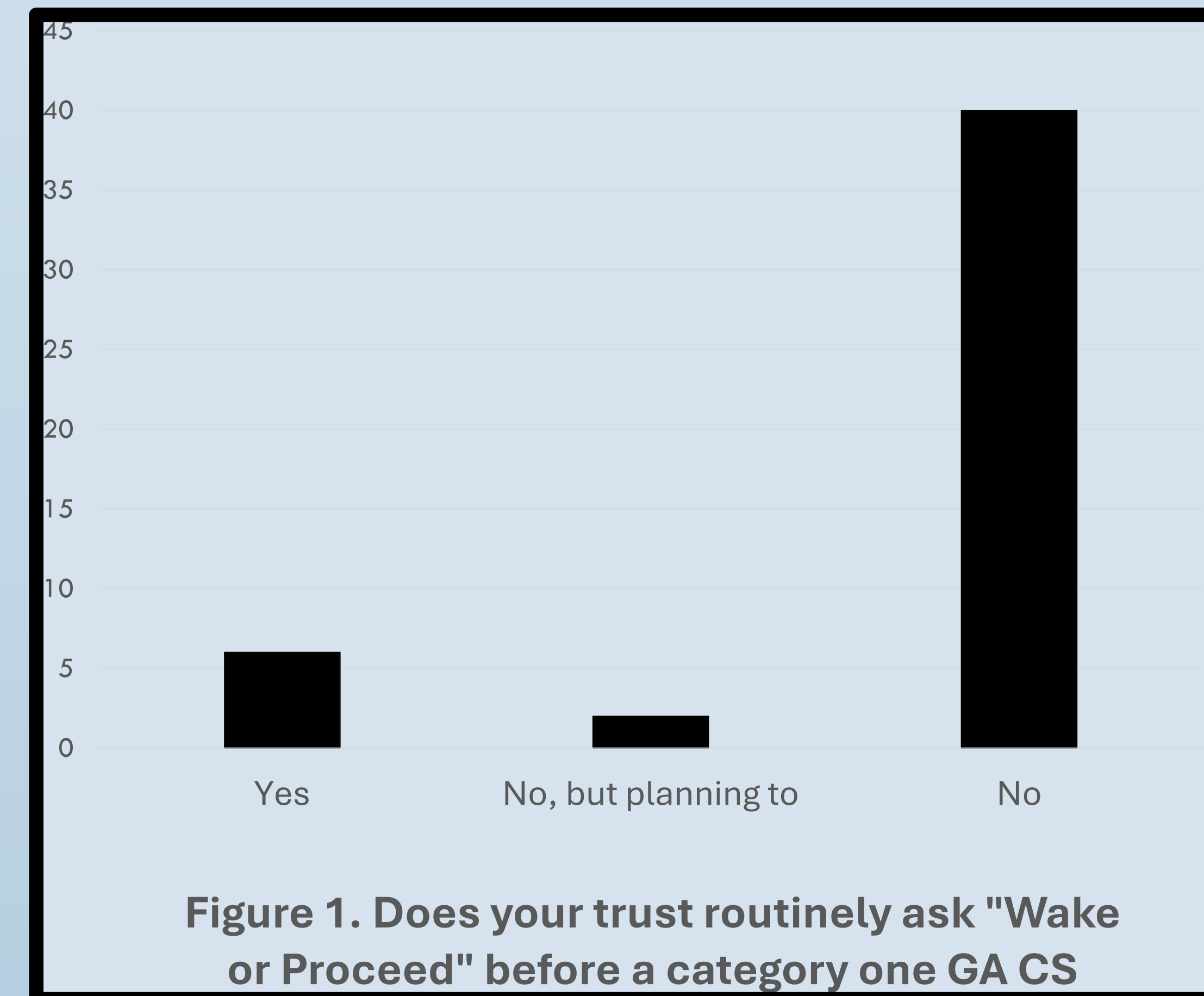


Figure 1. Does your trust routinely ask "Wake or Proceed" before a category one GA CS

Discussion:

What is the problem?

- The majority of trusts do not routinely discuss wake versus proceed before a category one CS
- Is this because trusts are unaware, or they disagree with the guidance, or simply have not found a way to incorporate it?

When should this discussion take place?

- It is potentially too late to have this discussion in the midst of a failed intubation or the moments leading up to a category 1 CS.
- OAA advises a discussion both prior to induction and then re-reviewed if failed intubation occurs

Why does there need to be an discussion?

- Wake versus Proceed is a complex topic. Table 1, provided by OAA/DAS aims to assist with decision making.
- As this is time critical, prior awareness of the table is advisable.

Who should be involved in this decision?

- This requires input from the multidisciplinary team, including anaesthetist and obstetrician
- A paternalistic approach is usually adopted by anaesthetists to act in what they deem to be the mother's best interests.

Master algorithm – obstetric general anaesthesia and failed tracheal intubation

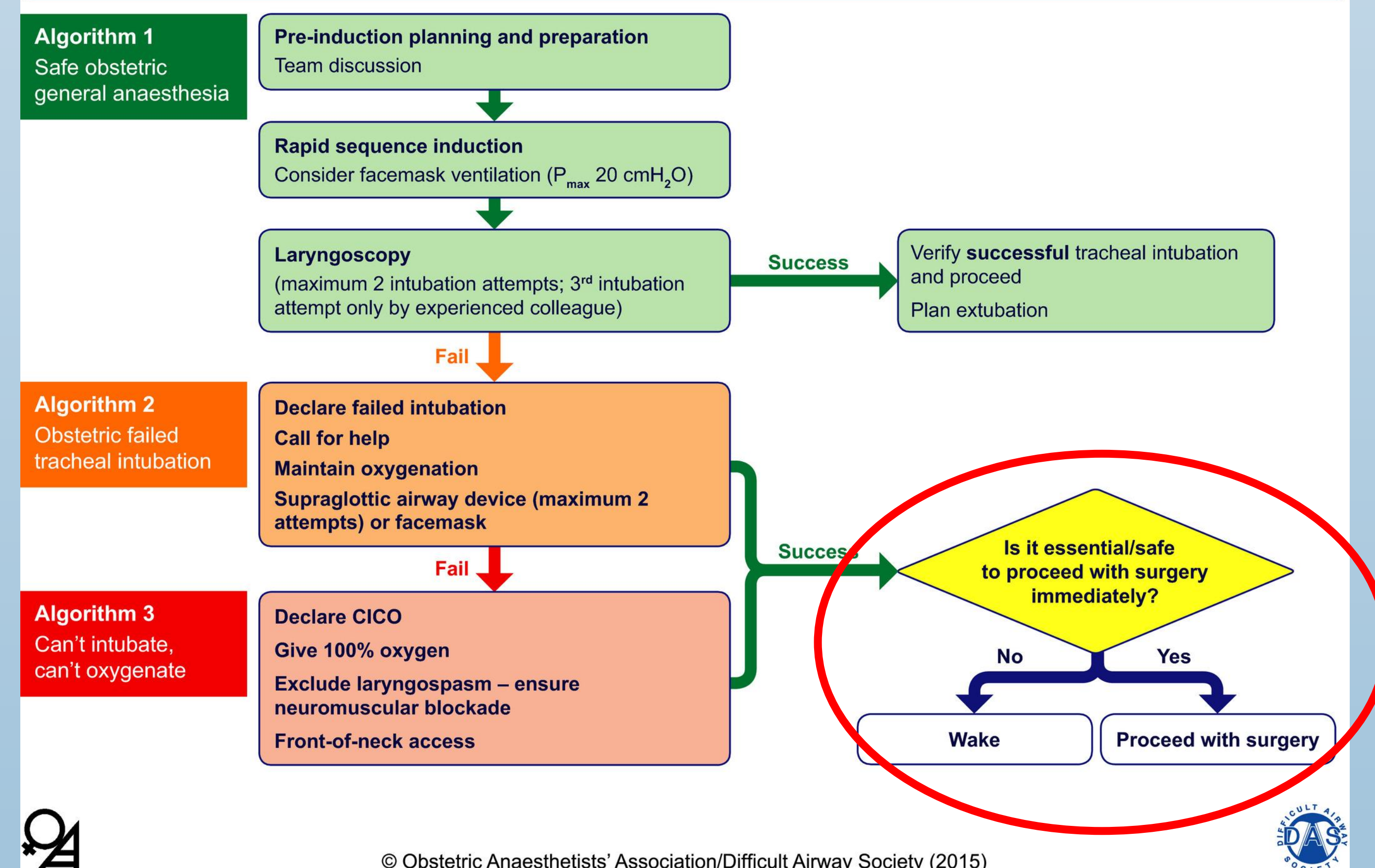


Table 1 – proceed with surgery?				
Factors to consider		WAKE		PROCEED
Before induction	Maternal condition	• No compromise	• Mild acute compromise	• Haemorrhage responsive to resuscitation
	Fetal condition	• No compromise	• Compromise corrected with intrauterine resuscitation, pH < 7.2 but > 7.15	• Continuing fetal heart rate abnormality despite intrauterine resuscitation, pH < 7.15
	Anaesthetist	• Novice	• Junior trainee	• Senior trainee
	Obesity	• Supermorbid	• Morbid	• Obese
	Surgical factors	• Complex surgery or major haemorrhage anticipated	• Multiple uterine scars • Some surgical difficulties expected	• Single uterine scar
	Aspiration risk	• Recent food	• No recent food • In labour • Opioids given • Antacids not given	• No recent food • In labour • Opioids not given • Antacids given
After failed intubation	Alternative anaesthesia • regional • securing airway awake	• No anticipated difficulty	• Predicted difficulty	• Relatively contraindicated
				• Absolutely contraindicated or has failed • Surgery started
	Airway device/ventilation	• Difficult facemask ventilation • Front-of-neck	• Adequate facemask ventilation	• First generation supraglottic airway device
	Airway hazards	• Laryngeal oedema • Stridor	• Bleeding • Trauma	• Secretions • None evident

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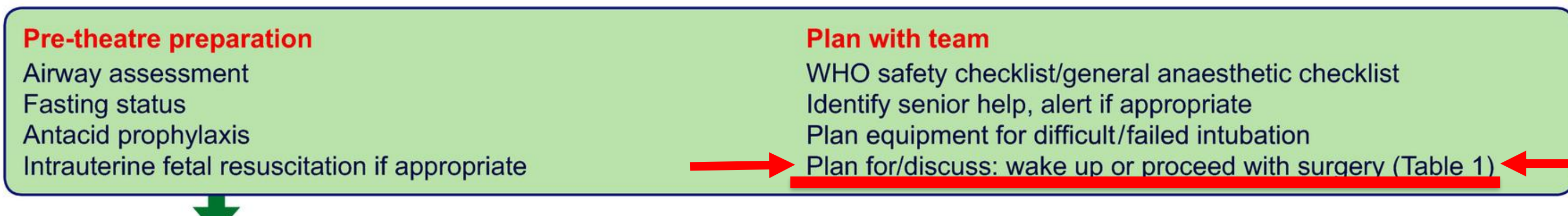
Result

- Clinical leads from 48 trusts responded to the survey. 6 (12.5%) stated yes. 2 (4.2%) stated no, but they were planning to. 40 (83.3%) stated no. See figure 1.
- Respondents consented to publish anonymised data.

How have we tackled Wake versus Proceed at our trust?

- At our trust, it was felt to be difficult and potentially inappropriate to include wake or proceed in the presence of an awake patient and therefore was not included in our category 1 checklist. However, we have re-introduced the topic as part of a category 1 CS under GA scenario in our Practical Obstetric Multi-Professional Training (PROMPT) course.
- This aims to educate the multidisciplinary labour ward team about the challenges of wake versus proceed and the importance of its early consideration. Ideally this should be done in a calm and sensitive manner when patients are present.
- Staff are also reminded to do prompt airway assessments for new labour ward admissions to identify patients with potentially difficult airways early and plan with the MDT accordingly.

Algorithm 1 – safe obstetric general anaesthesia



References

- Reale, S.C., Bauer, M.E., Klumpner, T.T., Aziz et al. Frequency and Risk Factors for Difficult Intubation in Women Undergoing General Anesthesia for Cesarean Delivery: A Multicenter Retrospective Cohort Analysis. *Anesthesiology*, 2022; 136(5), pp.697–708. doi:https://doi.org/10.1097/ALN.0000000000004173.
- Mushambi, M.C., Kinsella, S.M., Popat, M., et al. Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics. *Anaesthesia*, 2015; 70(11), pp.1286–1306. doi:https://doi.org/10.1111/anae.13260.