



PERIOPERATIVE OPIOID USE FOR AIRWAY MANAGEMENT IN OBSTETRICS

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INTRODUCTION:

There is a hesitation to use opioids in obstetric airway management due to the fear of neonatal respiratory depression. Opioids are the effective agents to suppress the pressor response to laryngoscopy. Many cases of intracranial bleeding were reported during LSCS under general anesthesia.

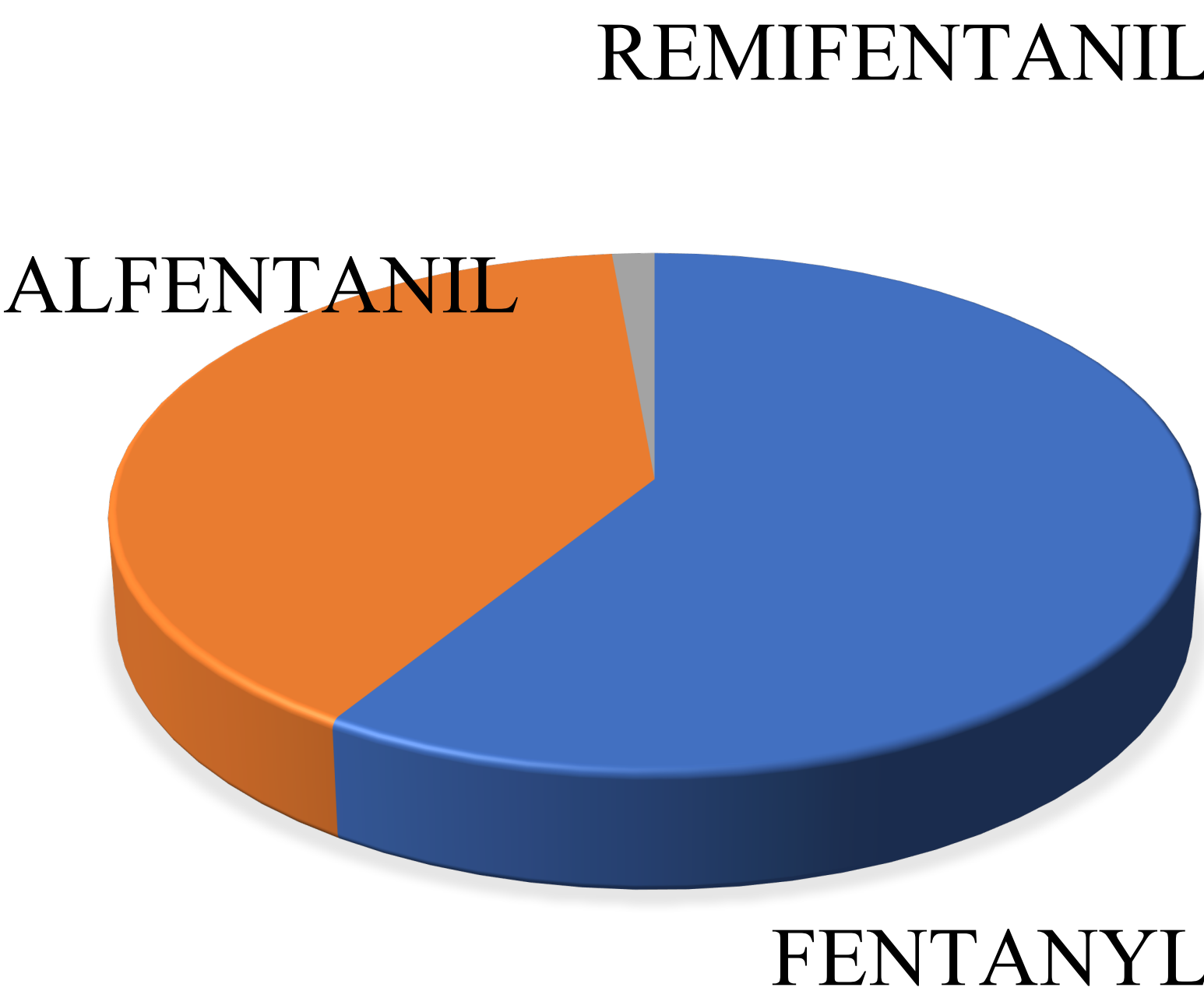
METHODOLOGY:

- 1. To observe the trend of opioid use in our unit
- 2. APGAR scores of babies – in view of standardizing opioid use

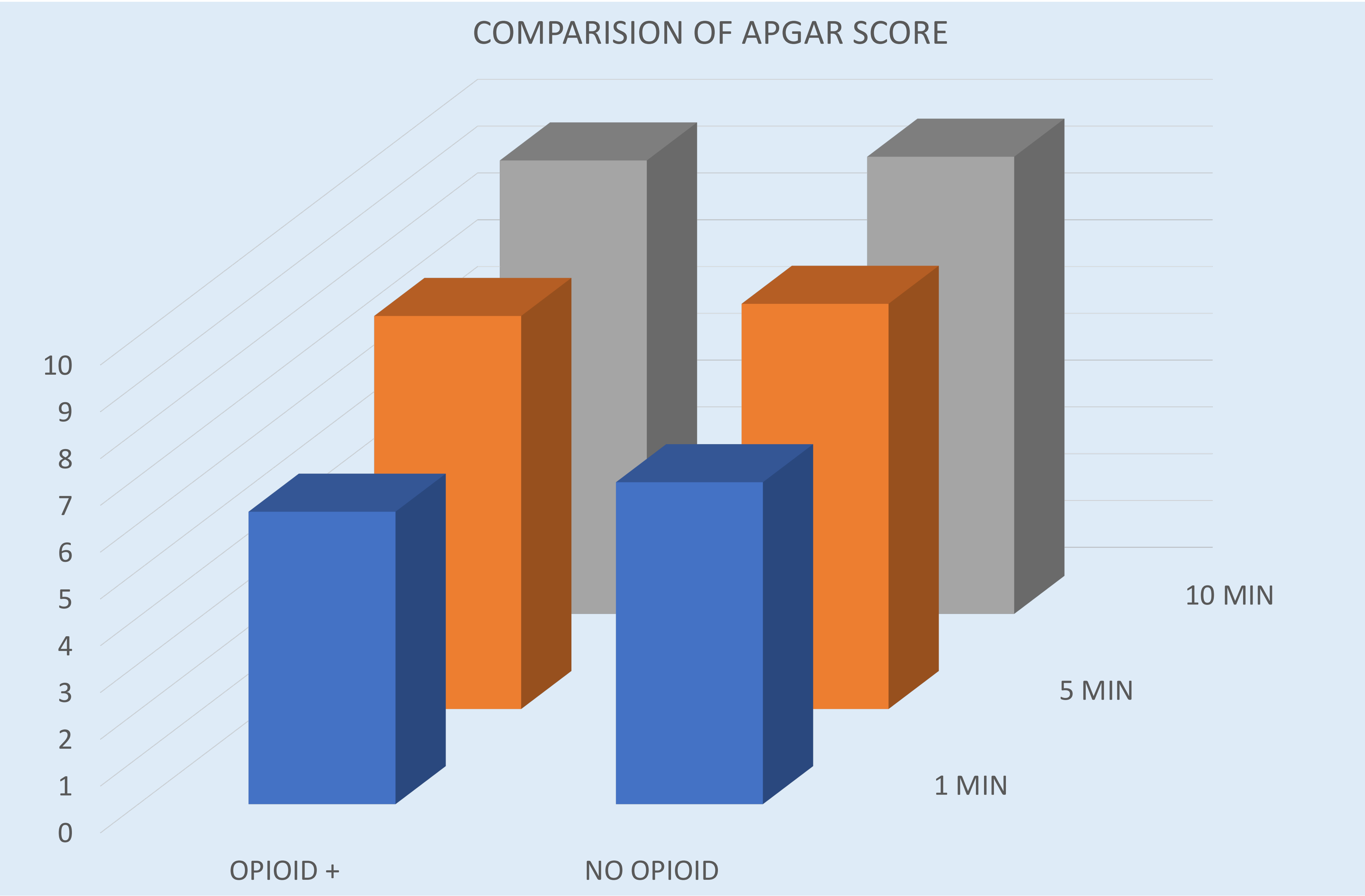
Phase 1: retrospective audit of one year (2023) – opioid type, dose, timing & APGAR

Phase 2: Survey of anesthetists using online questionnaire

Total no. of cases	179
Opioid during induction	64 (35.7%)
Opioids after delivery of baby	102 (57%)
No opioids throughout	12 (7.2 %)



The median APGAR score at 1 and 5 mins 6.25 and 8.40 who received opioids and 6.88 and 8.66 in whom did not receive any opioids for induction, respectively.



There was no statistical difference (p 0.312) in APGAR scores between those who received and not received opioids.

72.2 % of anesthetists think opioid administration causing low APGAR scores as the reason for hesitation in airway management in obstetrics.

Remifentanil was used in two cases of Arnold-Chiari malformations.

CONCLUSION:

More change in attitude and practice for more opioid use for managing airways in obstetrics & More research to define the ideal dose and timing of opioid administration during general anesthesia for caesarean sections.

REFERENCES P. M. Odor,S. Bampoe, S. R. Moonesinghe,J. Andrade, J. J. Pandit, D. N. Lucas and Pan-London Perioperative Audit and Research Network (PLAN), for the DREAMY Investigators Group. General anaesthetic and airway management practice for obstetric surgery in England: a prospective, multicentre observational study. Anaesthesia 2021, 76, 460–471