

The case for keeping it simple: Spinal anaesthesia for elective caesarean section in a parturient with ITP and a BMI of 77

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Introduction

A parturient with raised Body Mass Index (BMI) and Immune Thrombocytopenic Purpura (ITP), presented for elective Caesarean Section (CS). A single-shot spinal anaesthetic was performed with good effect. We propose that this simple technique, often overlooked in significantly obese parturients, remains valid in this patient population, and highlight the importance of multidisciplinary team (MDT) care of the complex parturient.

Case Report

A 30-year-old primigravida, **weight 211 kg, BMI 77 kg/m2**. Her ITP was medically managed by haematology with a documented platelet target to allow neuraxial techniques. **Elective CS at 37 weeks** was organised following MDT assessment by anaesthesia, haematology and obstetrics. On the day of CS, platelets were within target range. A standard dose **single-shot spinal** was performed with patient sitting, via a midline approach. The resulting block was adequate and the patient was **comfortable throughout**. High Flow Nasal Oxygen, forearm blood pressure cuff and Oxford pillow were used from the start. Two senior surgeons performed the CS via a **suprapannus incision**. Blood loss was estimated at 800ml, and a healthy baby was delivered. There was no significant haemodynamic or respiratory compromise. She was discharged home the following day.

References

1. Patel SD, Habib AS. Anaesthesia for the parturient with obesity. British Journal of Anaesthesia Education. 2021; 21(5): 180-186.

Discussion

Obesity is increasingly prevalent, and results in increased anaesthetic and obstetric risk [1]. Neuraxial techniques are favoured, as in the non-obese parturient, but the specific technique varies, and may include epidural; combined spinal-epidural; or intrathecal catheter [1]. Our choice of single-shot spinal technique was made in conjunction with the MDT and patient. It was felt unlikely that surgical time would be excessively prolonged. There was thorough preparation for possible conversion to general anaesthesia in terms of positioning and equipment. Previous reports indicate that dose reduction is often employed for patients with severe obesity due to concern over high block [1]; we used a standard dose of intrathecal local anaesthetic and opioid with no adverse events, and adequate block was achieved. This case was further complicated by the combination with chronic ITP. Whilst platelets on day of CS were within target range, we considered that a spinal technique alone may minimise risk of vertebral canal haematoma. We feel this case demonstrates that although tempting to move away from familiar and routine anaesthetic techniques in the obese parturient, these can be effective. See below for discussion points considered in the preparation for this case.

