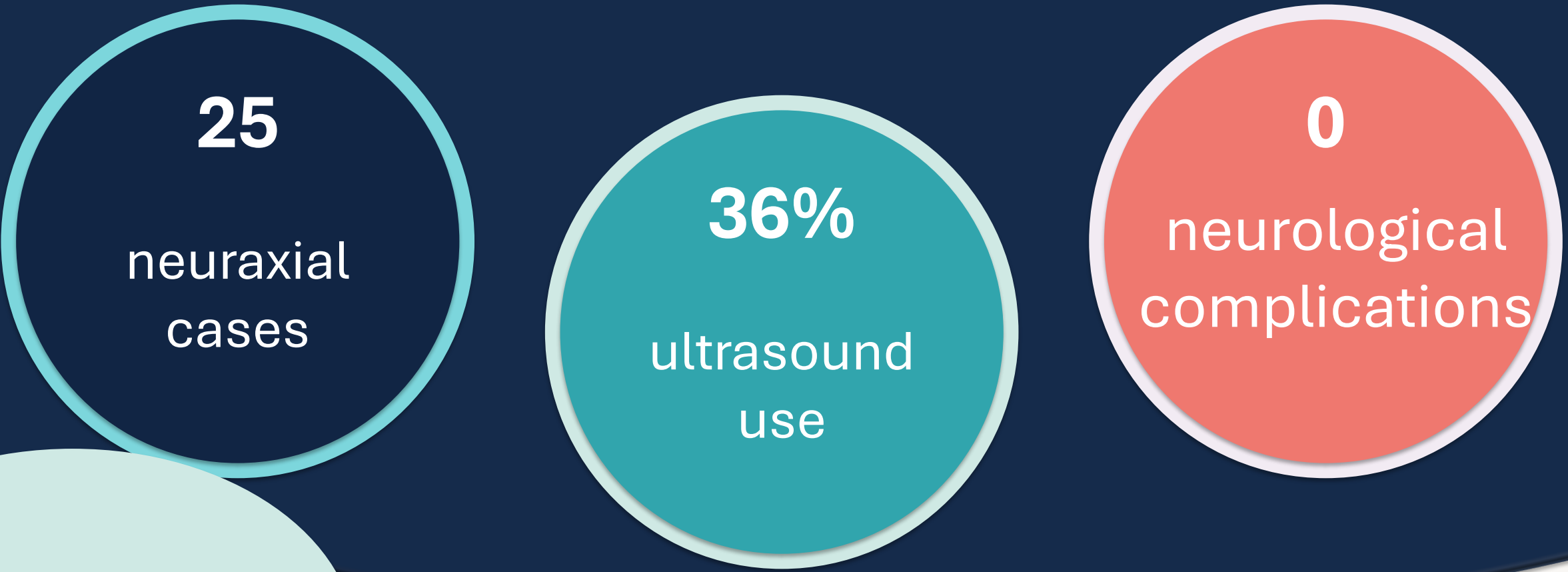


Recommendations from Our Experience
Z. Hutkova, S. Dabbehatta, A. Surendran

Optimising anaesthetic care for the morbidly obese parturient:
Recommendations from a single-centre service evaluation



INTRODUCTION

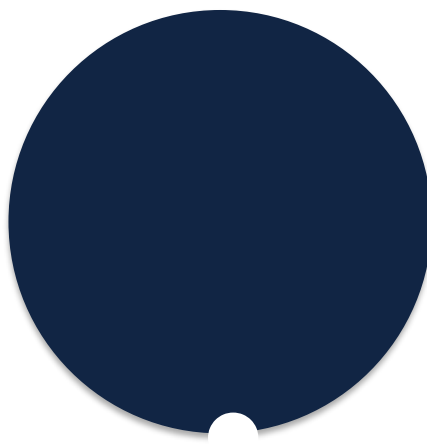
The increasing prevalence of morbid obesity in obstetric practice, alongside rising operative delivery rates, highlights the need for robust peri-operative anaesthetic, surgical and organisational planning to optimise maternal safety and experience. The anaesthesia related risks include difficulties with placement of vascular access and/ or regional anaesthesia and raised incidence of difficult or failed intubation. Failure of regional anaesthesia in these patients is estimated to be up to 8% and the risk of conversion to general anaesthesia is therefore high.

Methods

Retrospective evaluation of parturient with BMI $\geq 50 \text{ kg/m}^2$ undergoing caesarean delivery

- Multidisciplinary antenatal planning
- Anaesthetic engagement
- Ultrasound use
- Intra-operative events
- Maternal satisfaction

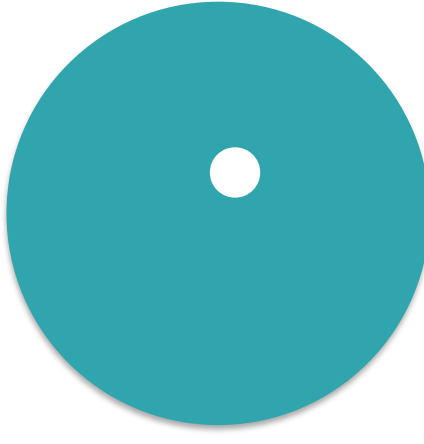
RESULTS



Antenatal Planning

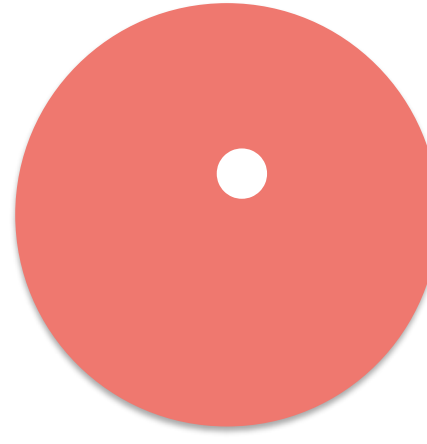
All patients reviewed by anaesthetist

Monitoring: NIBP sufficient in most cases



Neuraxial Anaesthesia

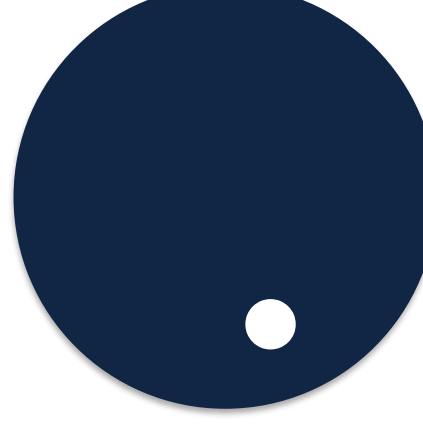
Spinal: 18
CSE: 5
Epidural: 2



Ultrasound

36% used
Improved first-pass success

Maternal satisfaction: no dissatisfaction reported



Outcome

1 GA conversion
1 dural puncture
No neurological complications



DISCUSSION

- Early multidisciplinary planning essential
- Allocate adequate theatre time
- Clear agreement regarding surgical approach
- Consider higher sensory block for supra-pannus approach
 - Low thoracic epidural placement in addition to standard lumbar spinal anaesthetic may be required for this approach
- Open and thorough discussion with parturient to raise awareness of the surgical and anaesthetic complexity and managing expectation of peri-operative experience

PRACTICAL TIPS

- Trial positioning before anesthesia
- Plan for supports and table extensions
- Early assessment of airway accessibility
- Use of ultrasound where landmarks are difficult
- Selective rather than routine use of invasive blood pressure monitoring

KEY

Neuraxial anesthesia was feasible in the vast majority of cases, with high maternal satisfaction and minimal serious complications. Timely MDT planning with patient engagement is crucial.

CONCLUSION

- Neuraxial anaesthesia is feasible and safe
- High maternal satisfaction is achievable
- Invasive monitoring can be selective

REFERENCES

1. Jones J et al. Int J Obstet Anesth. 2025
2. Patel P et al. Best Pract Res Clin Anaesthesiol. 2024