

To get pregnant or not to get pregnant: Post-Fontan parturient

Jennifer Hoayek, MD, Mitesh Thakkar, MD, Barbara Orlando, MD, PhD

The University of Texas Health Science Center at Houston

- Congenital heart disease affects approximately 0.6% of all live births.
- With advancements in cardiac surgery, the number of women reaching child-bearing age after Fontan procedure is increasing.

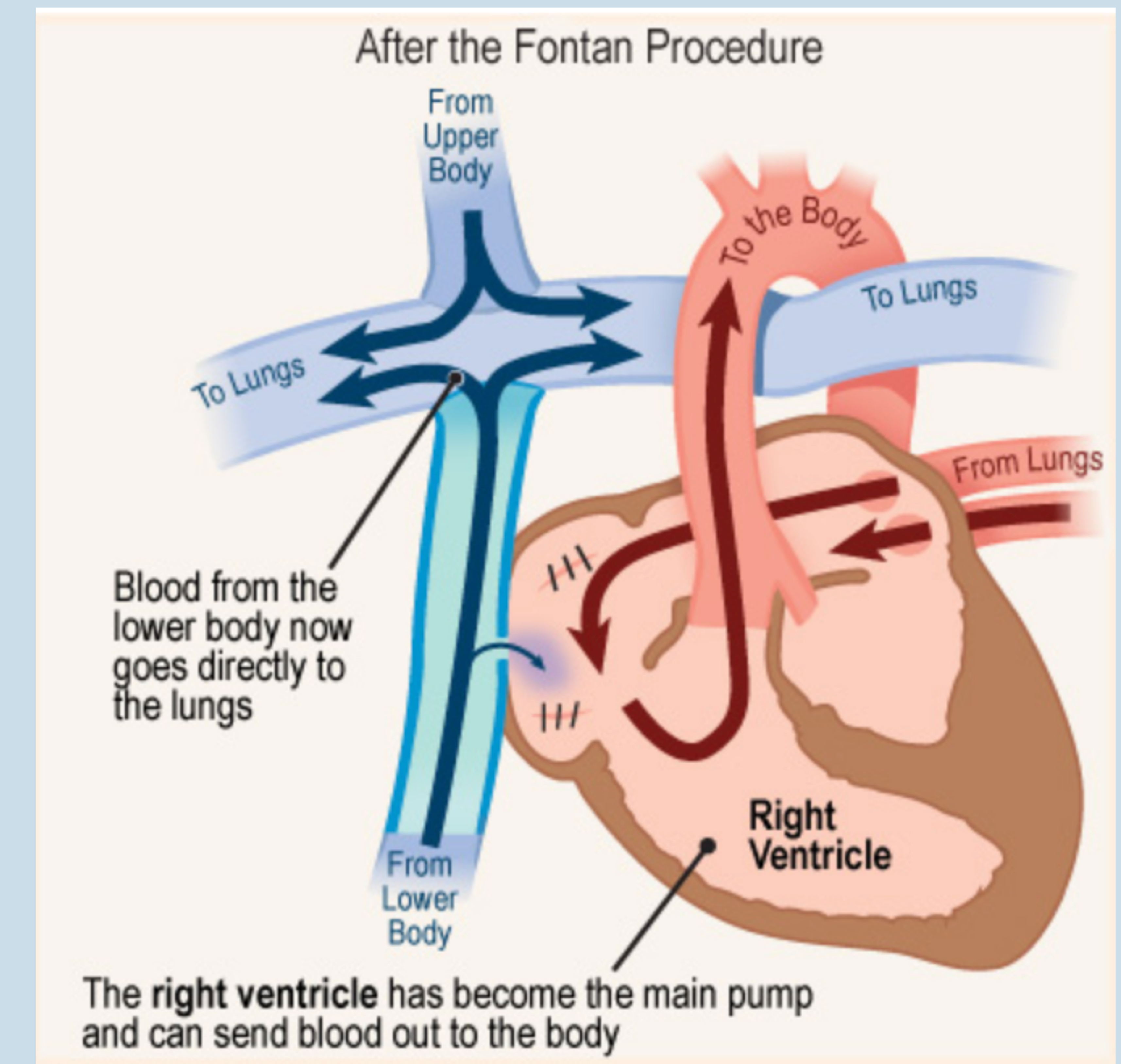
CASE PRESENTATION

23-year-old primipara with a history of:

- repaired single ventricle (Glenn, Fontan) during childhood
- baseline saturation > 90% on room air
- good functional capacity (New York Heart Association class I)

ECHOCARDIOGRAM

- Tricuspid atresia with normal great arteries, and large VSD (type I)
- Preserved single ventricular systolic function, ejection fraction of 60-65%
- Unobstructed Glenn and Fontan pathways on cardiac CT angiogram
- Unobstructed LVOT, IVC, pulmonary arteries and ASD



ANESTHESIA MANAGEMENT

- The patient was delivered in the cardiac OR to minimize the risk of arrhythmias or worsening heart failure in the setting of major fluid shift.
- Radial arterial line and a right internal jugular CVC were placed for BP and (CVP) monitoring.
- CSE was placed with low dose intrathecal bupivacaine 0.75% (6 mg), Duramorph and fentanyl to avoid decrease in (SVR), and was slowly titrated using the epidural catheter
- Femoral arterial and venous access were secured by the Heart failure team in case of an emergent ECMO

CONCLUSION

- The patient was recovered in the cardiac ICU, and was discharged home on day 6, after weaning her off oxygen
- Successful management of women with CHD repair reaching childbearing age is facilitated through coordinated efforts of a multidisciplinary team to adequately anticipate the increased risk of complications such as arrhythmias or hemorrhage.

REFERENCES

Monteiro et al. Anesthetic management of parturient with univentricular congenital heart disease and the Fontan operation. *International Journal of Obstetric Anesthesia*. 2016