

Repeat Cesarean Delivery Number 12: A World Record!

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Background

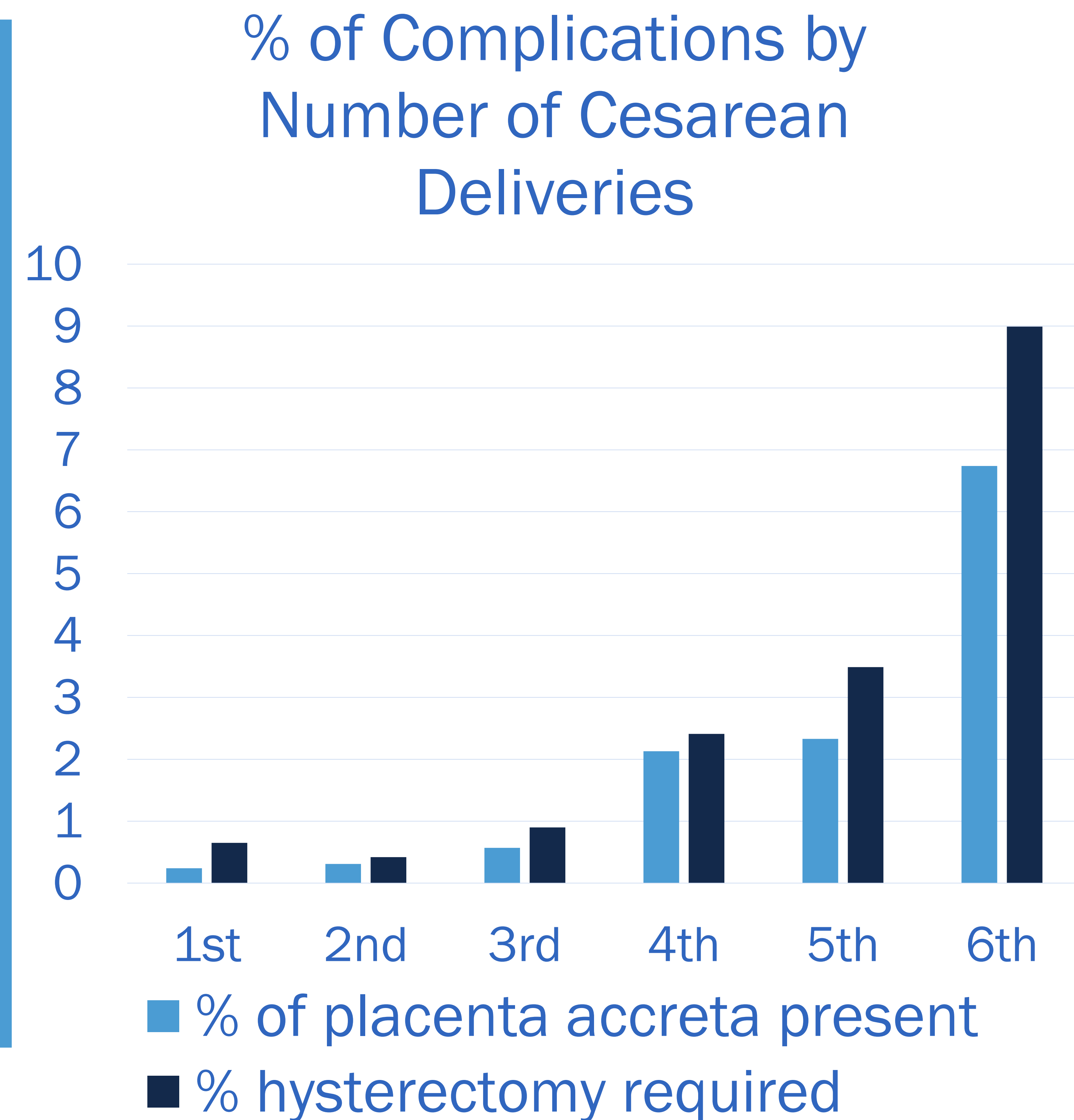
- Higher order cesarean deliveries present a unique challenge to the anesthesiologist (1)
- Increased operative time secondary to formation of adhesions
- Higher incidence of bladder or bowel injury
- Increased risk of abnormal placentation
- Increased rates of blood transfusion
- Higher need for hysterectomy

Case Presentation

- 38-year-old G14 P9-2-2-11 with PMHx of obesity presented for 12th cesarean delivery at 37w1d
- Current record in Guinness Book of World Records is 11 cesarean deliveries
- Prenatal growth ultrasound for this patient showed no evidence of placenta accreta spectrum findings; maternal BMI somewhat limited evaluation of the placenta

Perioperative Planning

- Highest concern was perioperative hemorrhage
- Rates of placenta accreta & need for hysterectomy increase exponentially with increased number of previous cesarean deliveries (2)



Anesthetic management:

- Two large bore peripheral IVs
- Arterial line available in event of instability
- Combined Spinal Epidural
- Cell saver for intraoperative blood salvage
- A type and cross for two units of packed red blood cells

Outcome/Discussion

Delivery proceeded with no complications

Oxytocin infusion and 1 gram of tranexamic acid for hemostasis

Hgb decreased from 11.4 to 10.5 after a Quantitative Blood Loss (QBL) of 773mL

Operative time was 72 minutes

Due to a history of severe pruritus, intrathecal morphine was not given. A Tranversus Abdominus Plane (TAP) block was performed postoperatively for pain control.

Although repeat cesarean delivery is associated with increased risk, outcomes can be good with careful perioperative planning