

An Unexpected Weekend EXIT

Lana Glantz, MD, MCQSL; Joshua Hamburger, MD; Max Feinstein, MD;
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INTRODUCTION

- An ex-utero intrapartum treatment (EXIT procedure) involves partial delivery of the neonate and maintenance of utero-placental circulation long enough to secure the airway and provide potentially lifesaving interventions based on the condition of the neonate.

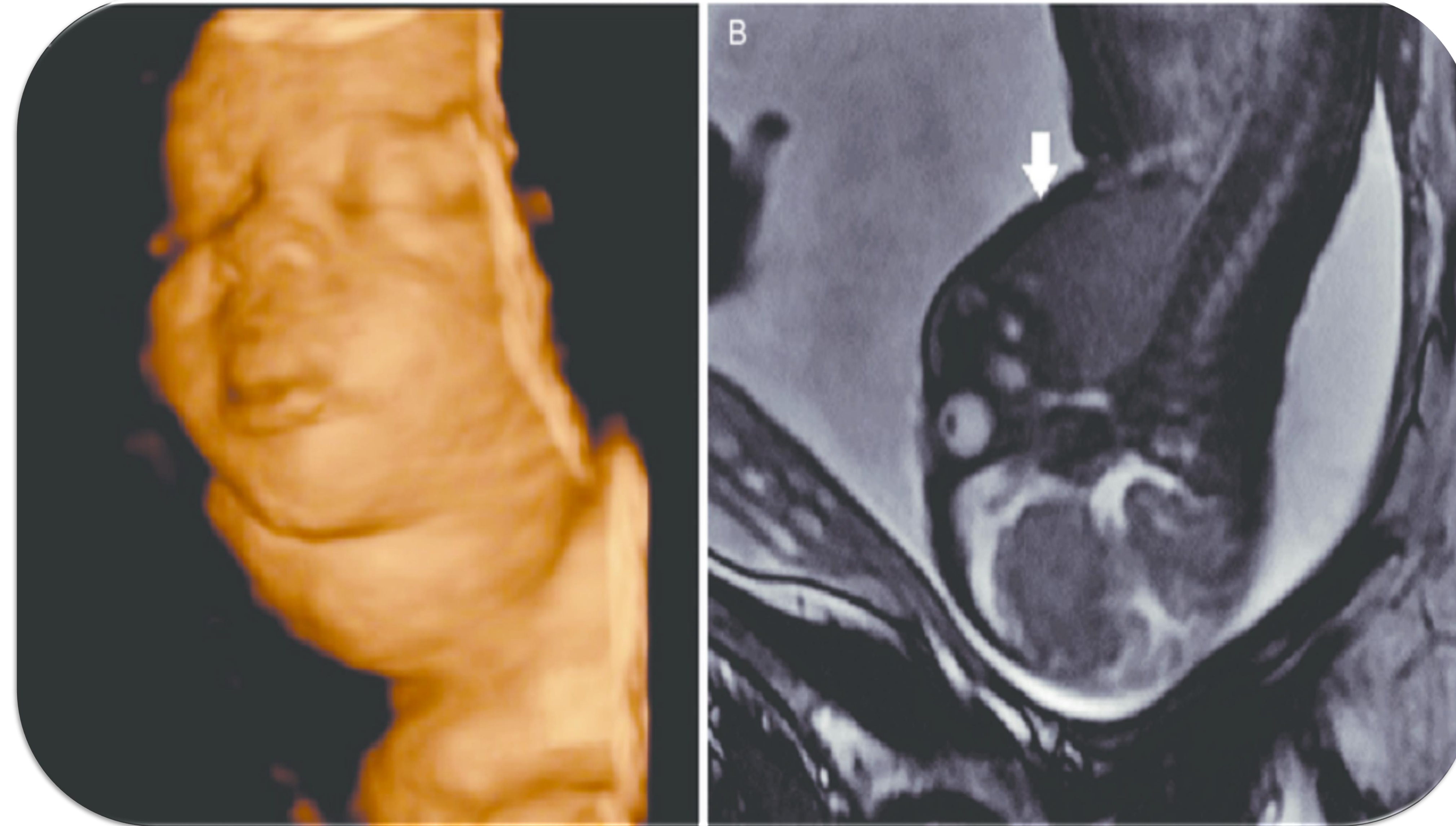


Image 1. Fetal Neck Mass (Neto, J. Et al 2016).

CASE

- A 20 y/o P0 at 40 weeks presented ruptured membranes found to have an unexpected fetal neck mass found on bedside ultrasound.
- An interdisciplinary team was assembled and the decision was made to preform an EXIT procedure.

LEARNING OBJECTIVES

1. Understand the anesthetic goals for an EXIT procedure for both mother and baby
2. Review the unique interdisciplinary coordination necessary to prepare for an EXIT procedure

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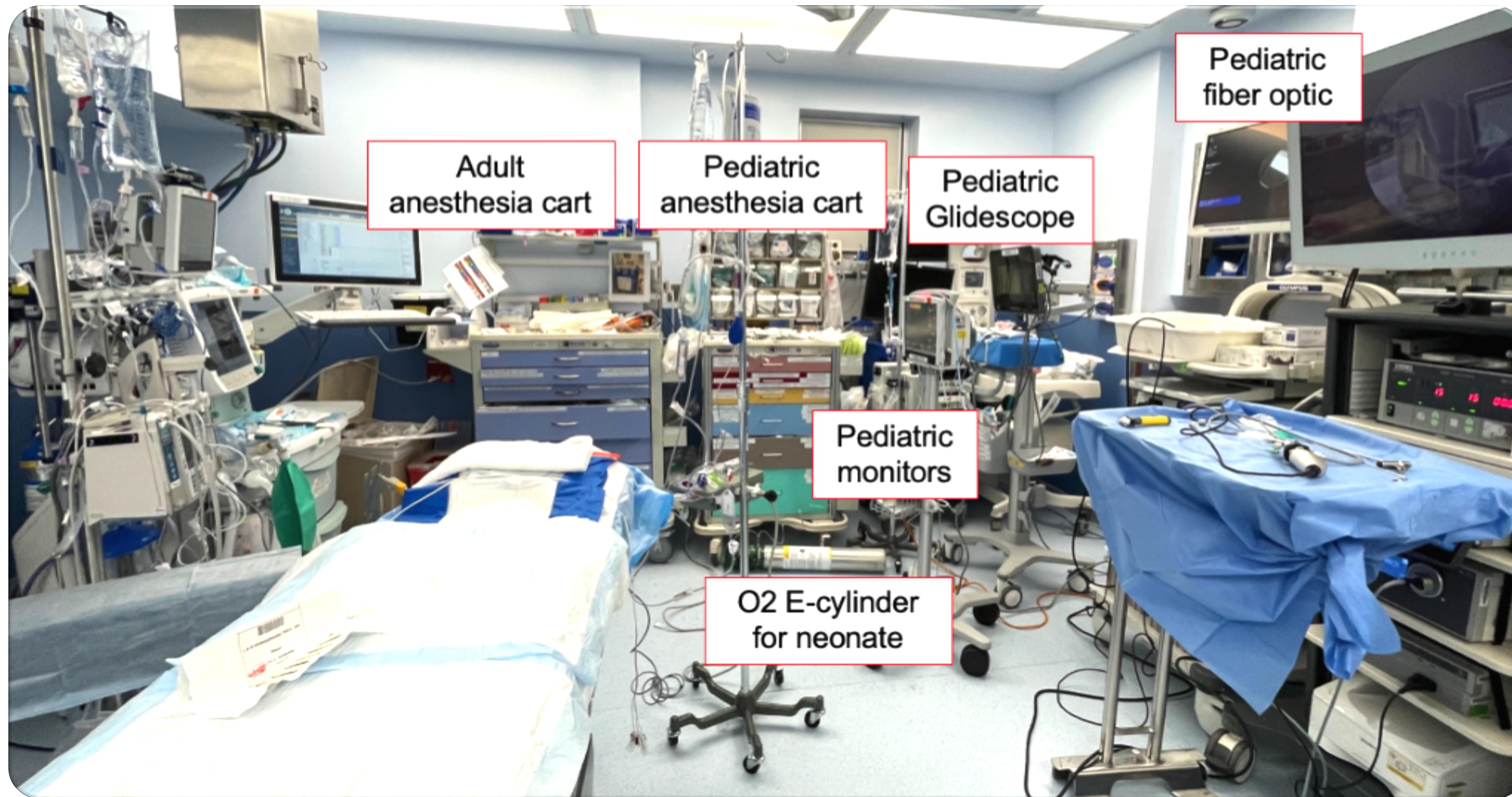


Image 2. Operating Room Configuration

- A maternal pre-induction arterial line, 2 large-bore IVs, and lumbar epidural were placed.
- General anesthesia initiated via RSI with Propofol and Remifentanyl infusions for maintenance.
- Shortly before hysterotomy, sevoflurane at 2.0 MAC was added to promote uterine relaxation and preserve blood flow to the neonate.

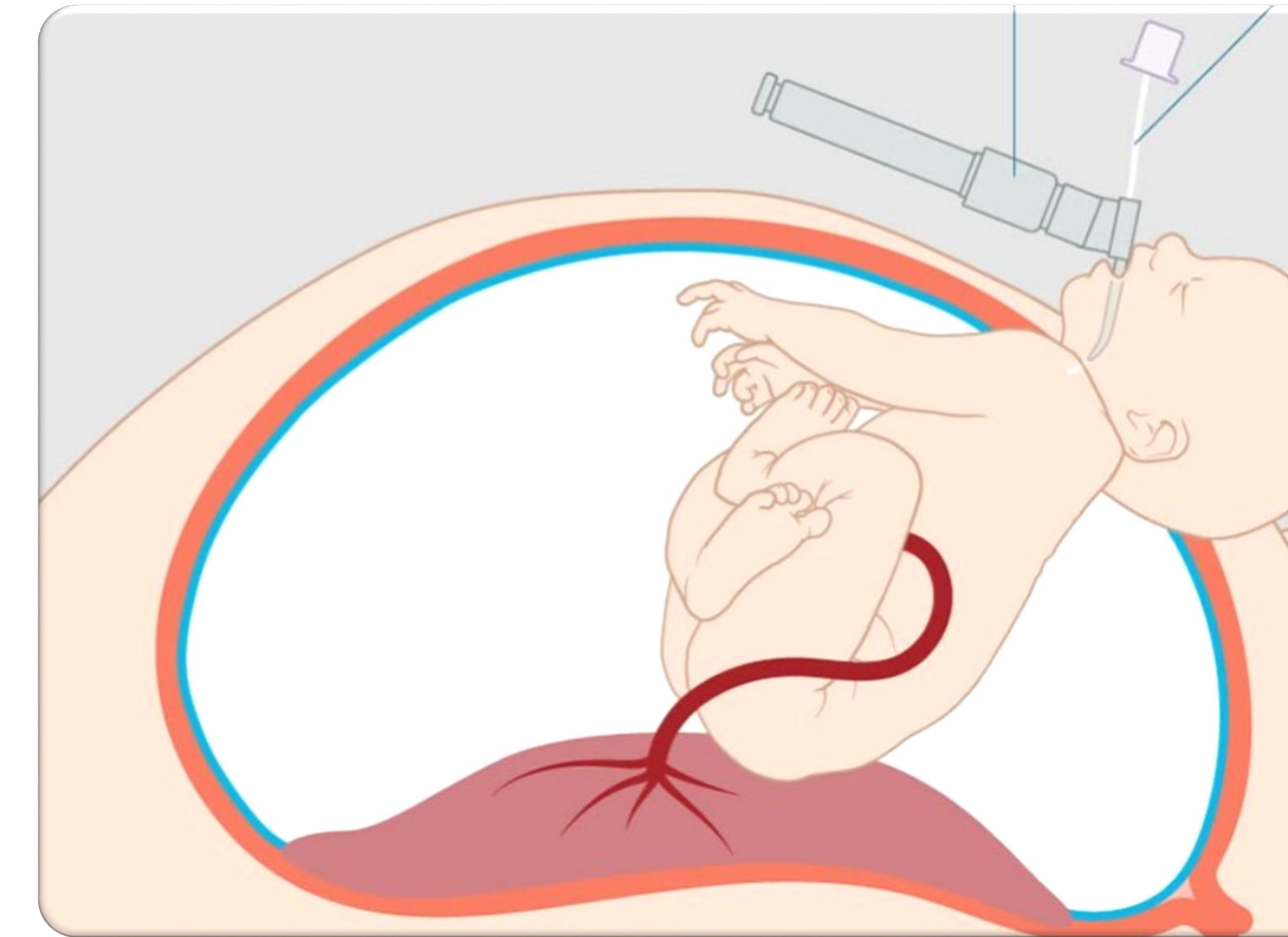


Image 3. EXIT Schematic

- Upon delivery of the head and shoulders, a 9x9cm obstructive neck mass was identified.
- Initial attempts to intubate via DL, rigid bronchoscopy and tracheostomy were unsuccessful.
- After 45 minutes, the trachea was successfully intubated, and the neonate was delivered.



Image 4. Suction Canister from Tracheostomy

- A tracheostomy was subsequently performed on the neonate resulting in an EBL of 150ml necessitating transfusion.
- The neonate was admitted to the NICU for further workup and surgical planning for excision of the neck mass.

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CONCLUSIONS

- Preoperative interdisciplinary planning for an EXIT procedure is often done weeks in advance.
- **Prolonged uterine relaxation with 2-3 MAC of volatile anesthetic may lead to uterine atony and hypotension.**
- Utilizing other anesthetic modalities such as TIVA or regional in conjunction with inhaled anesthetics may help limit the amount of volatile anesthetic required.

REFERENCES

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- Kalra A. Smith's Anesthesia for Infants and Children, 10th Edition. Anesthesiology (Philadelphia). 2022;136(5):871-872.
- Neto, José & Costa, Jesus & Dias, Daniel & Aguiar, Lindemberg & Carvalho, Francisco. (2016). Fetal goiter conservatively monitored during the prenatal period associated with maternal and neonatal euthyroid status. Obstetrics & Gynecology Science. 59. 54. 10.5468/ogs.2016.59.1.54.



Image 5. Interdisciplinary Team