



Complex Cesarean Sections and Patient Comfort

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Introduction

- Patients with PSHx of multiple c-sections are at an increased risk for substantial blood loss, bowel injury, hysterectomy, and delayed delivery due to significant abdominal adhesions¹
- Complex cesareans often require large bore IV access, invasive monitors, and increased duration of neuraxial or general anesthesia
- Currently there is no widely accepted method of predicting severity of abdominal adhesions in the pre-operative period

1. Deirdre J. Lyell, Adhesions and perioperative complications of repeat cesarean delivery, American Journal of Obstetrics and Gynecology, Volume 205, Issue 6, Supplement, 2011, <https://doi.org/10.1016/j.ajog.2011.09.029>.

CASE

The Patient:

- 36 y/o G6P3 at 38w4d
- PMHx: C/S x3 T2DM, gHTN
- Presenting with headache concerning for preeclampsia
- Category 1 fetal tracing

The Plan:

- Decision was made by OB to proceed with C/S and tubal ligation
- CSE for anesthesia
- Anticipate significant adhesions & delayed delivery time

The Course:

- CSE attempted x2- spinal portion failed, epidural catheter placed successfully & dosed
- FHR dropped to 80s w/out recovery → proceeded with crash section through extensive adhesions
- Persistent uterine atony, significant blood loss, & bowel injury noted → Uterotonics, PRBC, general surgery consult for bowel resection → Conversion to GETA
- Persistent poor uterine tone @ surgical hour 5 → decision for hysterectomy
- Patient extubated @ hour 7 & taken to PACU in stable condition
- TOTALS: EBL- 4.5L, PRBC- 4U, FFP- 2U

DISCUSSION

- Neuraxial vs General- “A new take on old thinking”
 - Recent data
- What is the goal of the obstetric anesthesia team?
 - Goals: Maternal safety and comfort
 - “Wait and see” approach versus a pro-active approach
- What was discussed during our debrief
 - Missed opportunities
 - Goals