Pregnancy Risk Assessment & Anesthetic Management for Oocyte Retrieval in a Patient with Severe Airway Pathology

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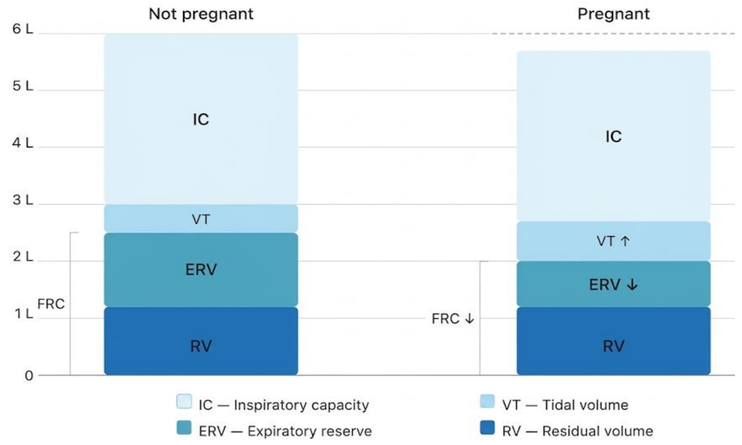
Background

Decreased respiratory reserve
(mechanical, hormonal, and metabolic)

↓ FRC ↑ O2 demand ↑ airway edema ↓ buffering capacity



Airway co-morbidities increase maternal-fetal risk

- Tracheal stenosis >50% (Cotton-Myer II)
- Subglottic stenosis
- FEV1<50% in patients with bronchiectasis

Patient Case

31F G0P0 referred for infertility

HISTORY

- Repaired TEF c/b >2 decade tracheostomy
- Tracheal/bronchial stenosis w/ frequent dilations
- Severe bronchiectasis w/ frequent exacerbations
- Overnight O2 requirement
- Dyspneic in conversation, unable to lie flat

STUDIES

CT Chest	Trachea 6mm, R main 4mm
	Diffuse severe bronchiectasis
PFTs	FEV_1 22% predicted
	FEV_1/FVC 33%

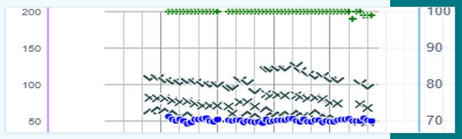
MULTIDISCIPLINARY EVALUATION

- MFM
- OB Anesthesia
- Pulmonology
- Thoracic Anesthesia
- Thoracic Surgery

⚠ **Counseled Against Pregnancy**

✓ **Oocyte Retrieval in Main OR**

OR COURSE

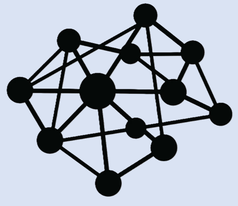
MONITORS	Standard ASA monitors
AIRWAY	6L O2 face mask HOB 45° HFNC, jet ventilation available
ANESTHETIC	L3-4 spinal 7.5mg bupivacaine + 15mcg fentanyl No PO/IV sedation/analgesia
INTRA-OP	
DISPO	Transferred to PACU Discharged home

Teaching Points

Neuraxial anesthesia for oocyte retrieval with tracheal stenosis and bronchiectasis well tolerated

"Absolute" contraindications to pregnancy rare but concurrent pathology felt to pose undue risk

More work needed to risk-stratify this population



Referral to high-risk center

Multidisciplinary collaboration

References