VANDERBILT HEALTH

BMI 104 with Shortness of Breath and Active Lower Extremity Thrombus Cesarean Section

Presentation

- BMI 110
- Shortness of breath
- Bilat LE swelling
- Concern for HFpEF
- PMH: cHTN, OA, 2 prior CD, aborted RYGB (adhesions)

Planning

- TTE – EF 60-70%, RA pressure 16mmg Hg
- Diuresis – SOB resolved
- Lovenox + trending anti-Xa (discontinued 24h preop)
- PICC line for secure IV access
- Multidisciplinary huddle

Concerns

- Airway management (ventilation, intubation)
- Clotting & bleeding risk
- Complex surgical exposure
- Adequate pain management vs. respiratory depression

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Access & Airway

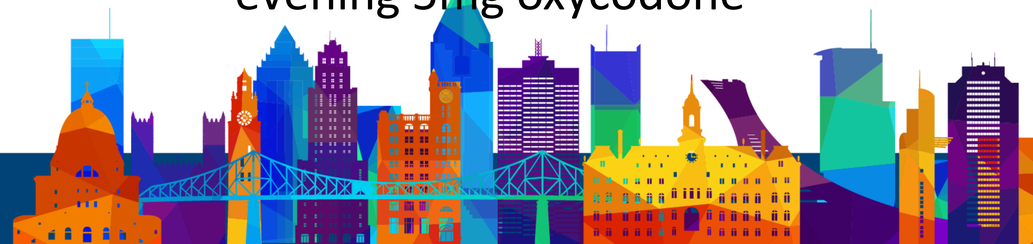
- Mcgrath laryngoscope
- 7.0 ETT
- 20G radial arterial line
- 18G PIV x 2
- PICC

Induction & Maintenance

- Preop IT morphine injection
- Midazolam for anxiolysis
- RSI (propofol, succinylcholine)
- Rocuronium after intubation
- Propofol infusion, sevoflurane, phenylephrine infusion
- Reversal with XXXXX

Surgery & Postop Course

- General surgery – entry, uterus exposure, and closure
- MFM – delivery of infant
- Total case length 4.5 hours
- Blood loss 700 ml
- First opioid requirement POD1 evening 5mg oxycodone



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Multidisciplinary Planning

- Obstetrics/MFM
- OB anesthesia
- Cardiology – preop optimization, HF workup
- Hematology – anticoagulation plan
- General surgery – entry/closure
- Logistics – OR table accommodates up to 1250 lbs only when completely flat

Take Home Points

- General vs. Neuraxial with high BMI
  - TIVA vs. volatile (considering atony risk, fetal risk, adipose stores)
  - Considerations on induction & emergence
- Pain management
- IV access
- Patient preparation