Neuraxial Anesthesia after Intradialytic Heparin: A Knowledge Gap in Pregnant Patients with ESRD

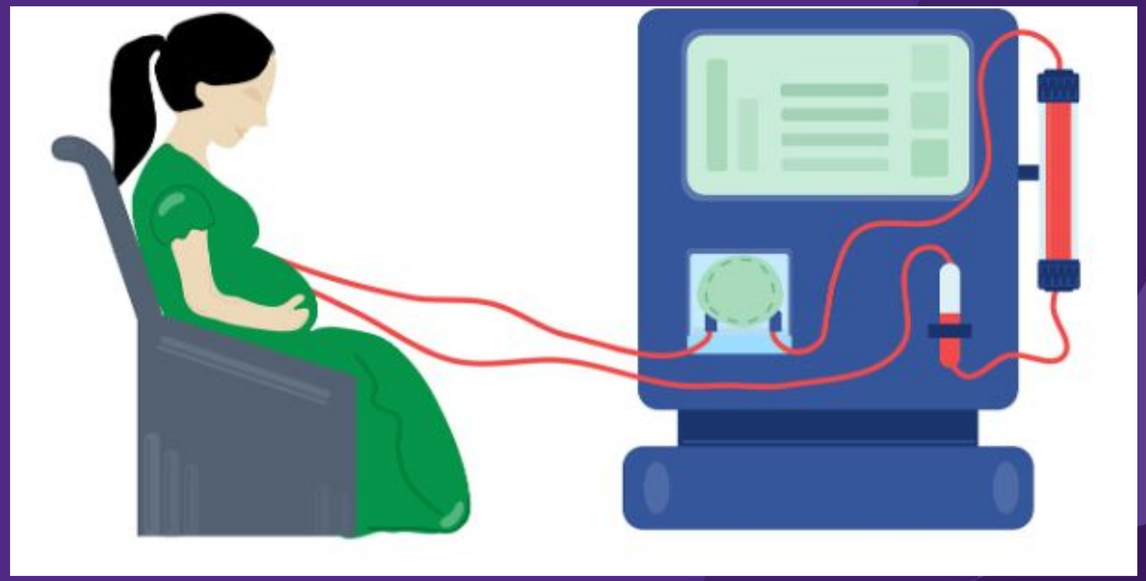
Bethany Lutter, MD; Alva Powell, MD;
Matthew Hire, MD

Background

- Pregnancy rates are low in ESRD, but beginning to rise
- Pregnant patients with ESRD often undergo dialysis requiring intradialytic heparin administration
- No universally accepted standards for heparin dosing
- Pharmacokinetics of heparin can be unpredictable in ESRD
- This population is not reflected in society guidelines for safe neuraxial anesthesia

Case Presentation

- History of present illness: G1P0 admitted at 25w2d for PPPROM
- Past Medical History
  - ESRD on HD due to focal segmental glomerulosclerosis
  - 2 failed renal transplants, currently s/p nephrectomy
- While inpatient, receiving prophylactic subcutaneous heparin 3x/day
- At 25w5d, underwent emergent cesarean delivery for compound presentation
  - Received subcutaneous heparin 2 hours prior
  - Underwent RSI general anesthesia
- EBL 800mL
  - Transfused 1 PRBC
- Discharged POD 2



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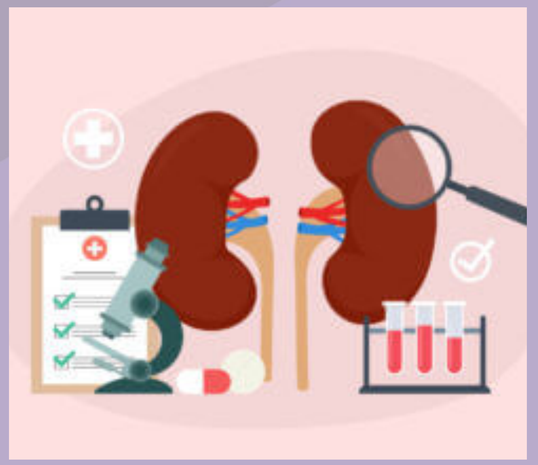

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Takeaways

- As reproductive technology advances, patients with ESRD will represent a larger proportion of pregnant patients
- Optimal management of these patients, including timing of neuraxial anesthesia merits further investigation
- Standardization of institutional practices on the administration of heparin during hemodialysis may facilitate the development of guidelines for this patient population