

OBSTETRIC ANESTHESIOLOGY AT THE FOREFRONT: MANAGEMENT OF SUBMASSIVE SADDLE PULMONARY EMBOLISM FOR SAFE VAGINAL DELIVERY

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BACKGROUND

VTE: 1-2 per 1000 pregnancies

Leading cause of maternal mortality

Pregnancy = Hypercoagulable state

- ↑ Coagulation factors (Hypercoagulability)
- ↓ Venous return (Venous Stasis)
- ↑ Postpartum risk (Endothelial Injury)

HIGHEST RISK: EARLY POSTPARTUM PERIOD

OPTIMAL OUTCOMES BEGIN WITH EARLY MULTIDISCIPLINARY COLLABORATION

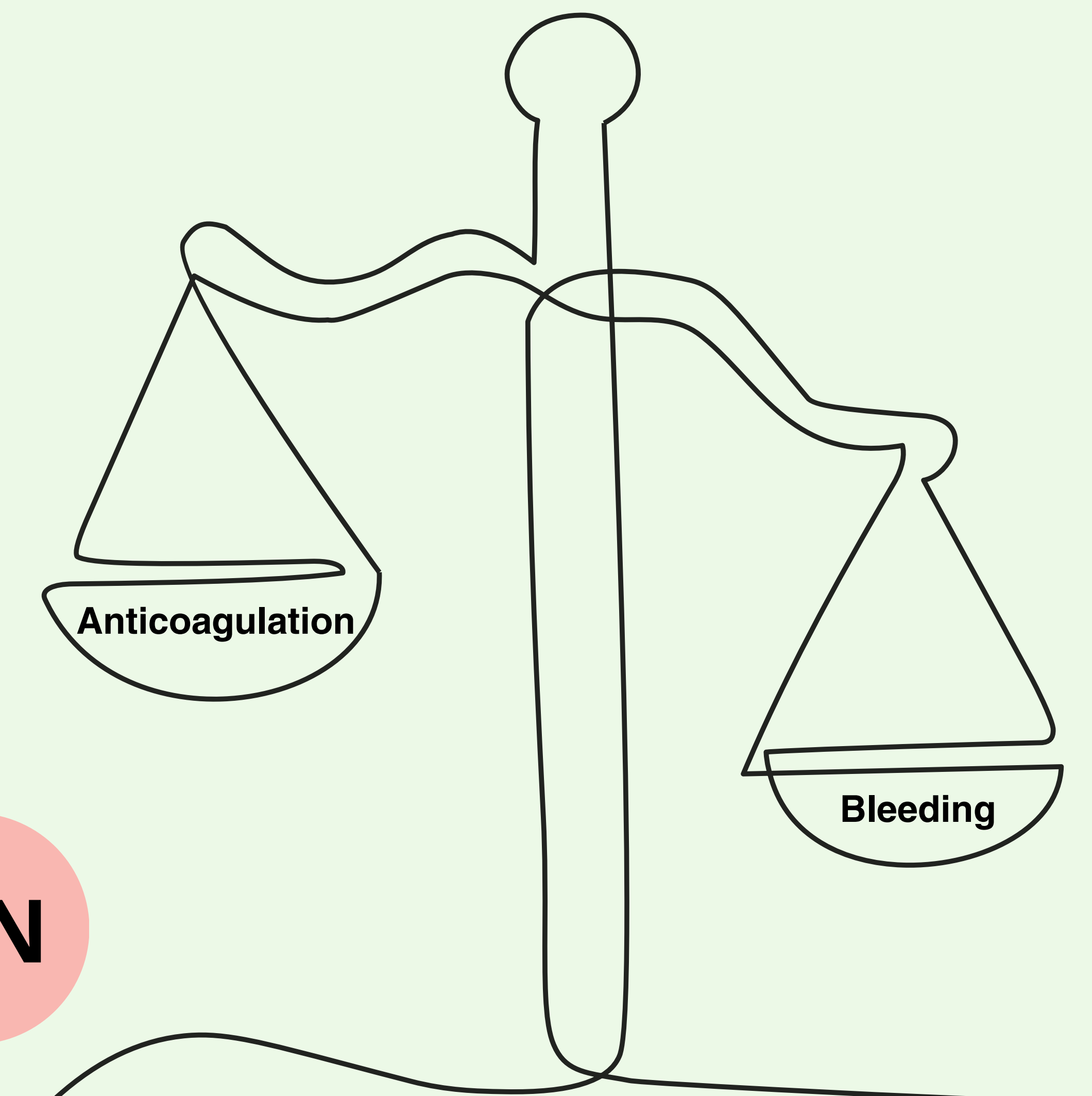
CHALLENGE

INTERMEDIATE-RISK PE = Hemodynamically stable + RV strain

Unclear guidelines for delivery and Anesthesia management

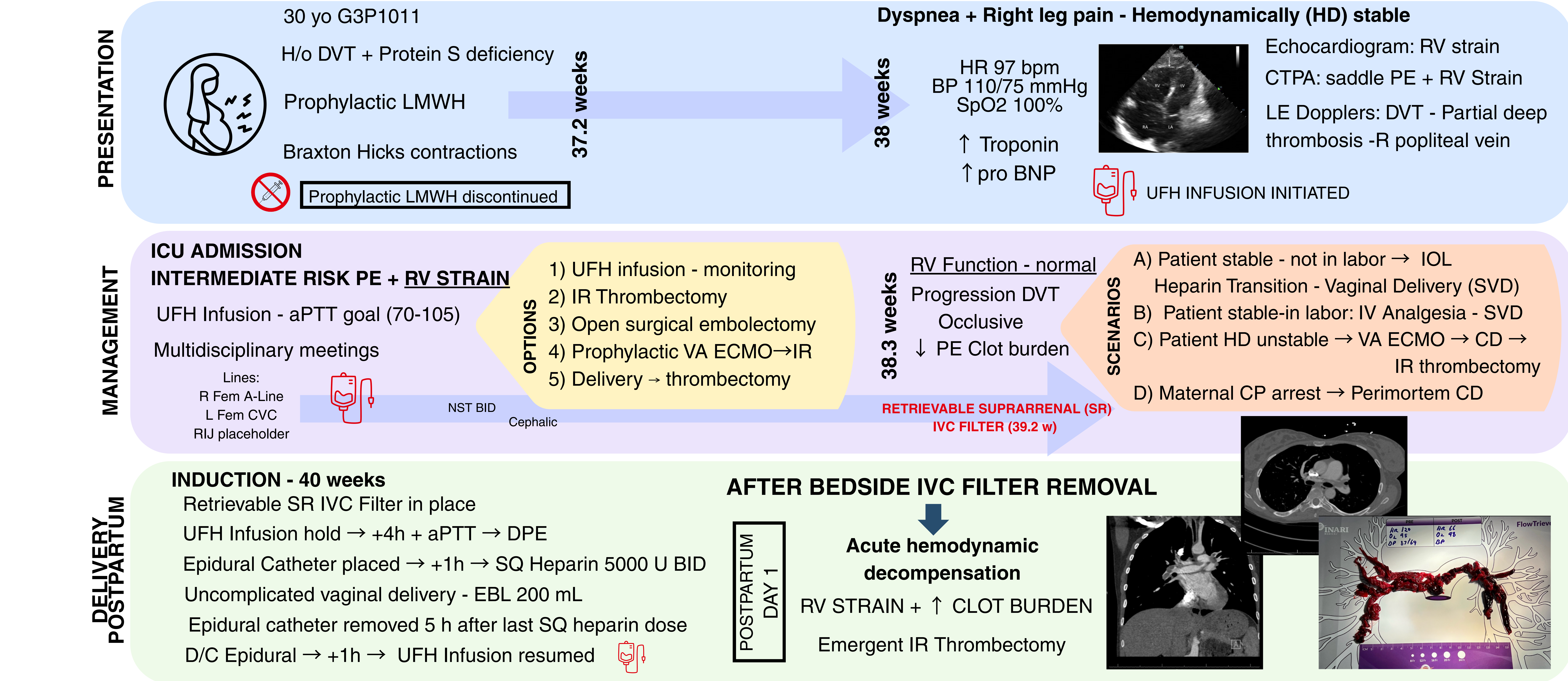
Competing risks:

Cardiopulmonary stability
Thrombus progression
Delivery strategy
Hemorrhage risk
Neuraxial anesthesia timing



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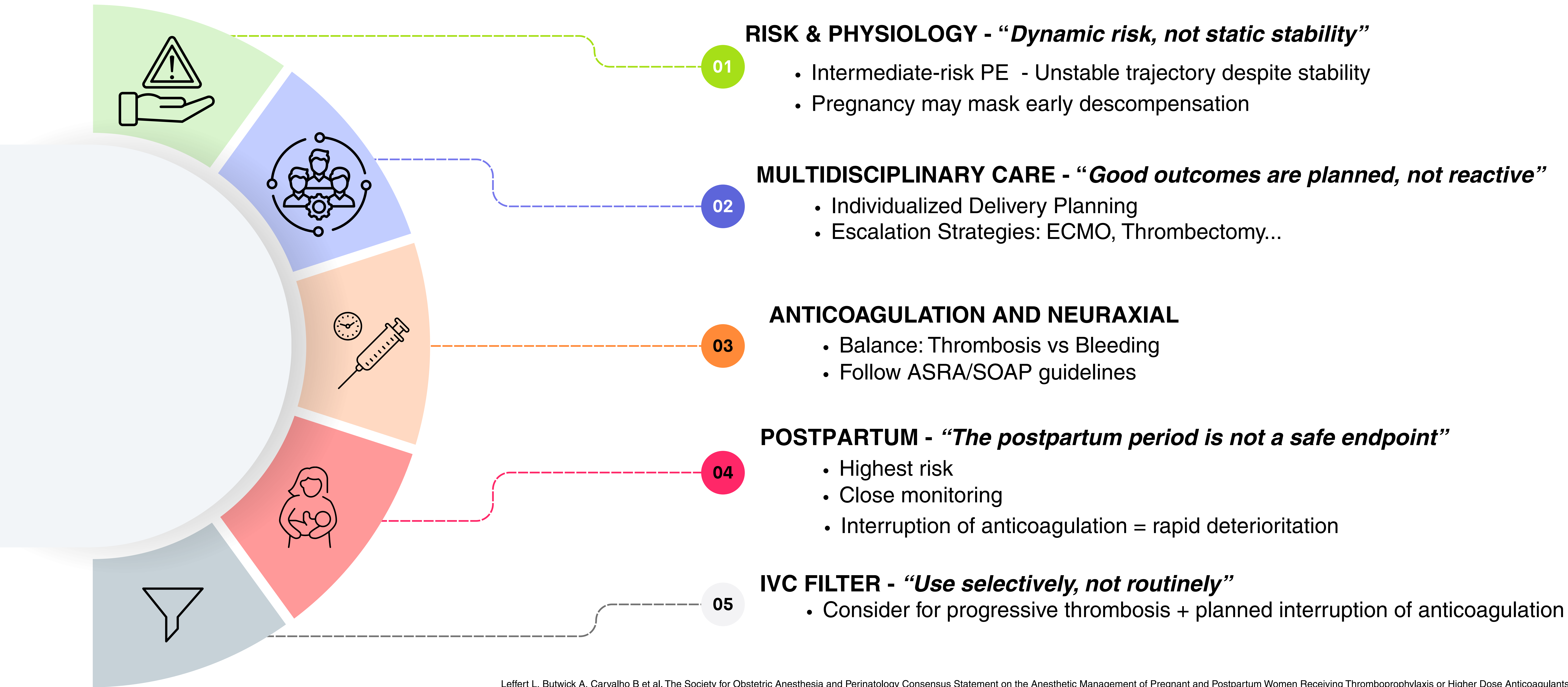
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