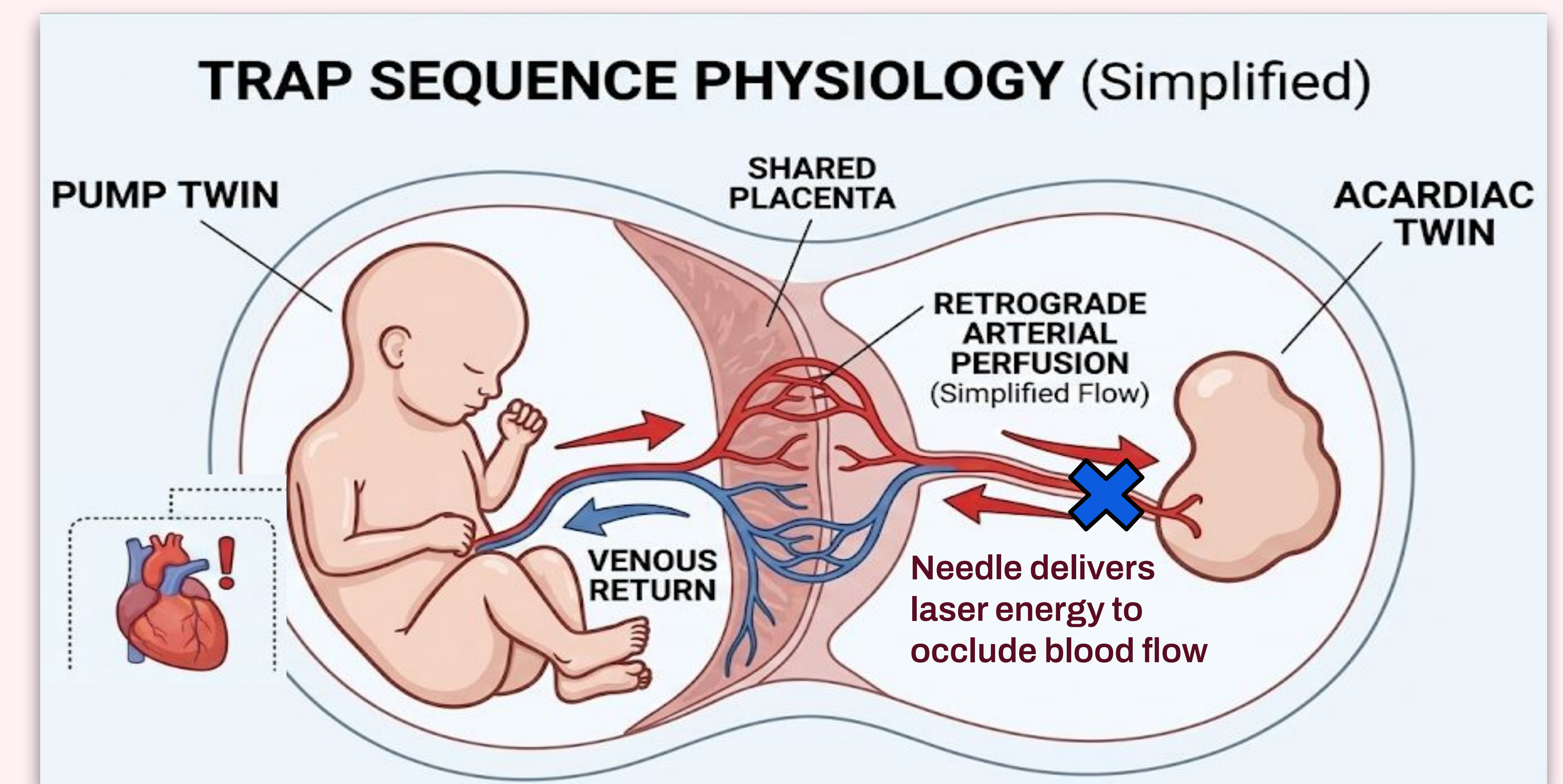


MAKING RARITY ROUTINE: ANESTHETIC AND SYSTEMS APPROACH TO TRAP SEQUENCE LASER ABLATION IN A COMMUNITY HOSPITAL SYSTEM

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BACKGROUND

- Twin reversed arterial perfusion (TRAP) sequence is a rare monochorionic complication in which an acardiac twin is perfused via placental anastomoses, placing the viable “pump” twin at risk of high-output failure and fetal demise.
- Consensus guidance supports monitored anesthesia care (MAC) when paired with deliberate multidisciplinary planning.
- We describe an anesthesia-focused planning framework intended to be educational for anesthesiologists and reproducible for smaller centers.



SOAP
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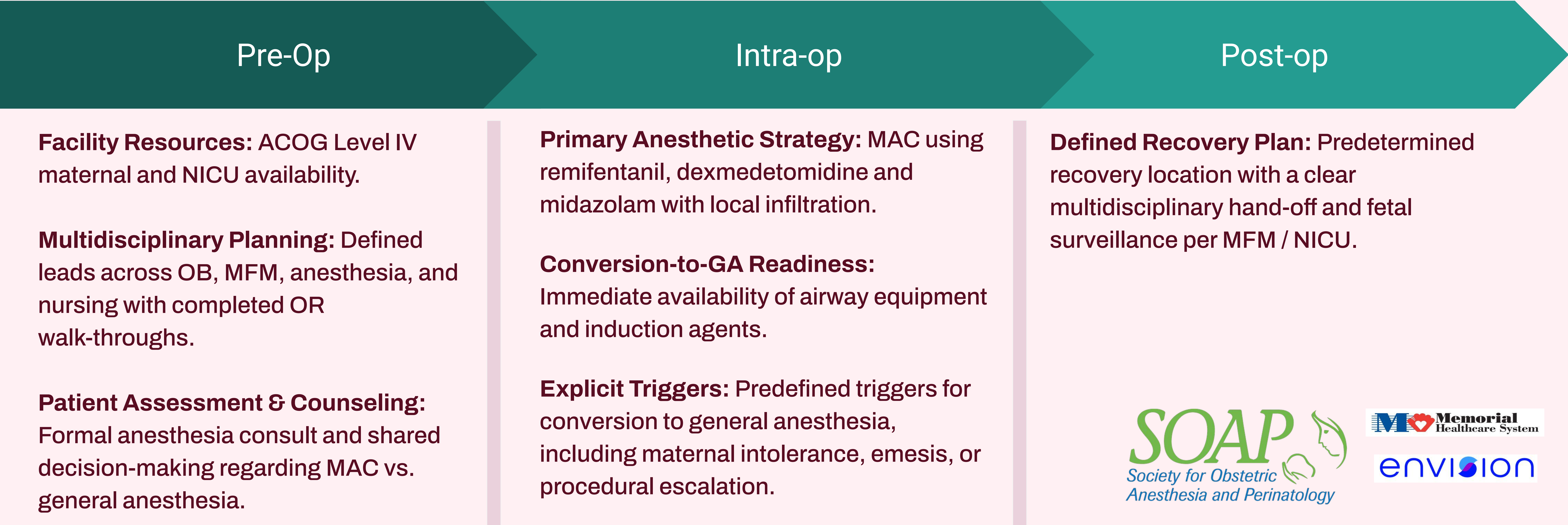
Memorial
Healthcare System

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OUR APPROACH

A 31-year-old G2P1 at 19w5d undergoing interstitial laser ablation for TRAP with MAC anesthesia.

ANESTHETIC MANAGEMENT & SYSTEMS READINESS FRAMEWORK FOR TRAP SEQUENCE



TEACHING POINTS

This work describes a streamlined and reproducible approach for rare, high-stakes fetal interventions.



1. Anesthetic selection as a shared decision, balancing procedural invasiveness, aspiration/airway risk, and need for maternal cooperation.
2. Explicit, prebriefed conversion triggers (maternal intolerance, refractory emesis/aspiration concern, or procedural escalation/poor visualization requiring change in approach).
3. A systems checklist emphasizing rehearsals, role clarity, equipment readiness, and escalation pathways (NICU, maternal ICU, emergent delivery capability).

A structured workflow can make complex fetal procedures safely achievable outside large referral centers.

Case Conclusion:

Surgery proceeded without maternal or fetal instability. Postprocedural ultrasound showed persistent but minimal arterial flow to the acardiac twin. The patient delivered by cesarean section at 27 weeks after PPRM associated with vaginal infection; the acardiac mass was removed at delivery.

