EMERGENT TOTAL COLECTOMY FOR TOXIC MEGACOLON DURING PREGNANCY

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BACKGROUND

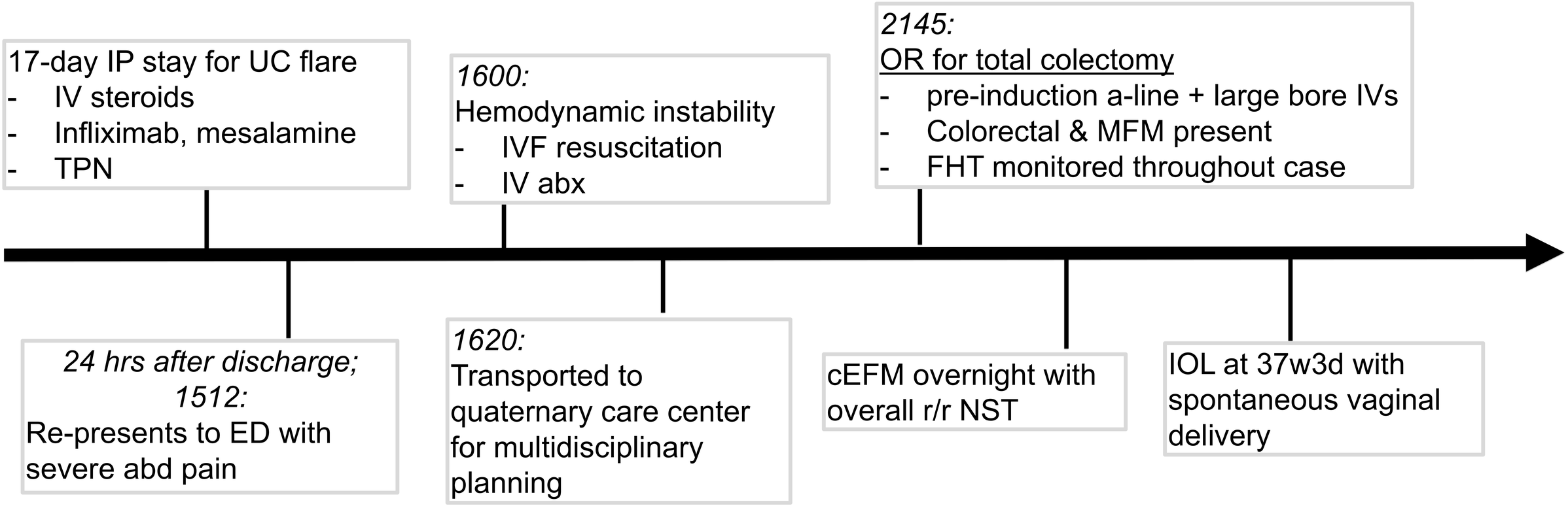
Ulcerative colitis has peak incidence in the female population during childbearing years.

Toxic megacolon in pregnancy poses acute sepsis risk and hemodynamic instability with immediate fetal implications.

Multidisciplinary coordination for medical optimization and surgical decision-making is necessary for maternal and fetal safety.

CASE PRESENTATION

36-year-old G4P3003 at 24 weeks gestation with ulcerative colitis presents with toxic megacolon necessitating emergent exploratory laparotomy with total abdominal colectomy under general anesthesia.



DISCUSSION

Teams involved: anesthesiology, gastroenterology, OB/GYN, MFM, colorectal surgery

PERIOPERATIVE MULTIDISCIPLINARY CONSIDERATIONS

PRE-OP

- Medication optimization; close GI follow ups
- Transfusion ready
- Multidisciplinary planning (surgical intervention and timing)

INTRA-OP

- Maternal & fetal monitors
- Access for rapid transfusion & infusions
- Resuscitation
- Uterine displacement/positioning
- Personnel and equipment ready for emergent c-section

POST-OP

- ICU monitoring of mother and fetus
- Delivery planning
- Further surgical interventions after delivery