Gluteal Augmentation: A Contraindication for Neuraxial Anesthesia?

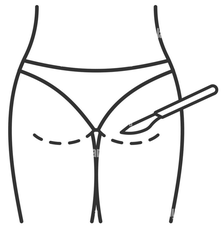
Erik McKee MD, Tyler Guidugli DO

Background:

- Neuraxial anesthesia remains the standard of care for cesarean delivery, however, general anesthesia remains a viable alternative in a multitude of settings
- Cosmetic gluteal augmentation continues to increase in prevalence, ranking as the 6th most common plastic surgery per the American Society of Plastic Surgery
- Gluteal augmentation can be performed with a variety of techniques from implants and liposculpture to injectables like Polymethyl-methacrylate (PMMA) and fillers
- Injectable augmentation with PMMA or with illicit substances like silicone or hydrogels has been associated with migration to unexpected anatomical planes[3]

PMMA & Fillers

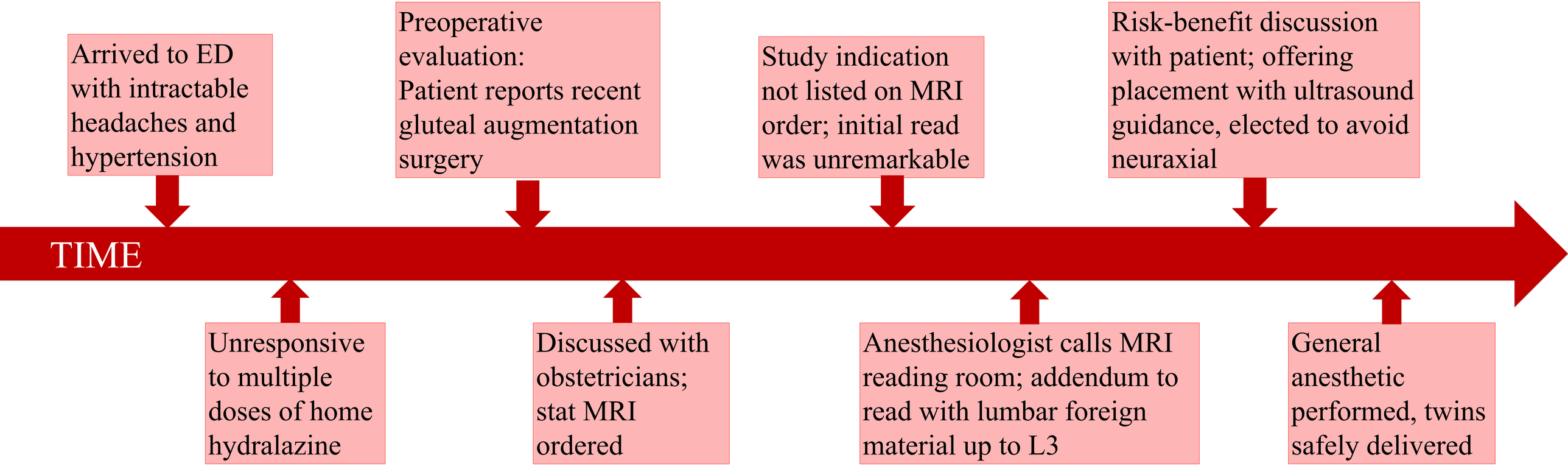
Liposculpture



Implants

Case:

40 yo G6P5 at 34w6d with dichorionic-diamniotic twins with history of gluteal augmentation presented to the emergency department with superimposed pre-eclampsia with severe features



Discussion:

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Summary:

- Gluteal augmentation can result in migration of foreign material into unexpected anatomic planes
- Possible translocation of a material with unknown composition and sterility into the intrathecal space and risk of neurologic injury deemed neuraxial relatively contraindicated

Key Takeaways:

- Gluteal augmentation is an emerging anesthetic consideration in obstetric patients requesting neuraxial
- Should discussions about cosmetic plastic surgery become part of a standard obstetric anesthesia evaluation?
- Further research on true risks is needed

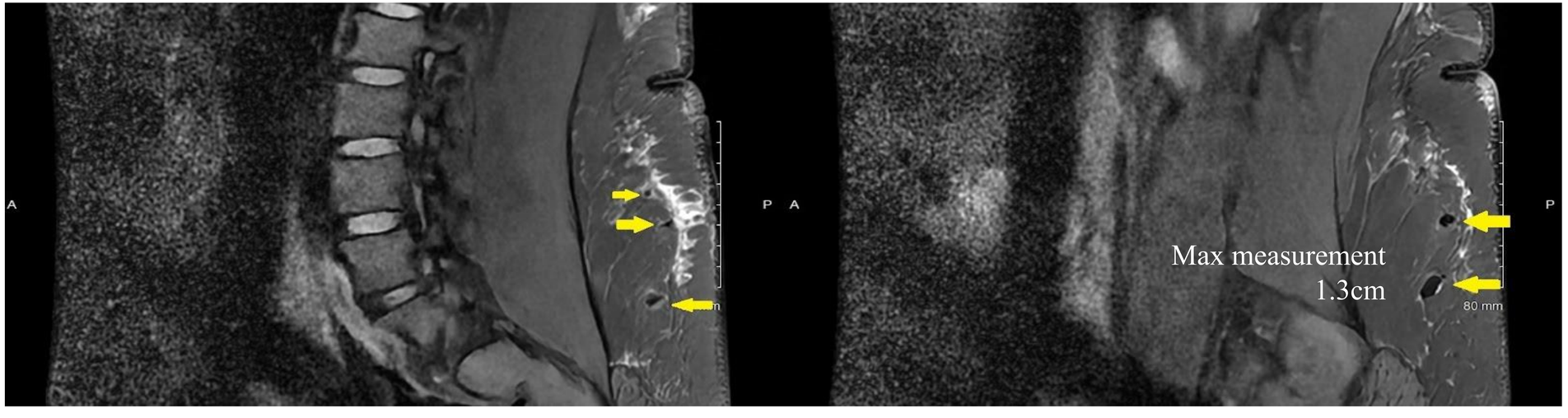

Fig 1:
Lumbar spine MRI with identified foreign material