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Anesthetic Management of Super-Obese Parturients: A Two-Case Series

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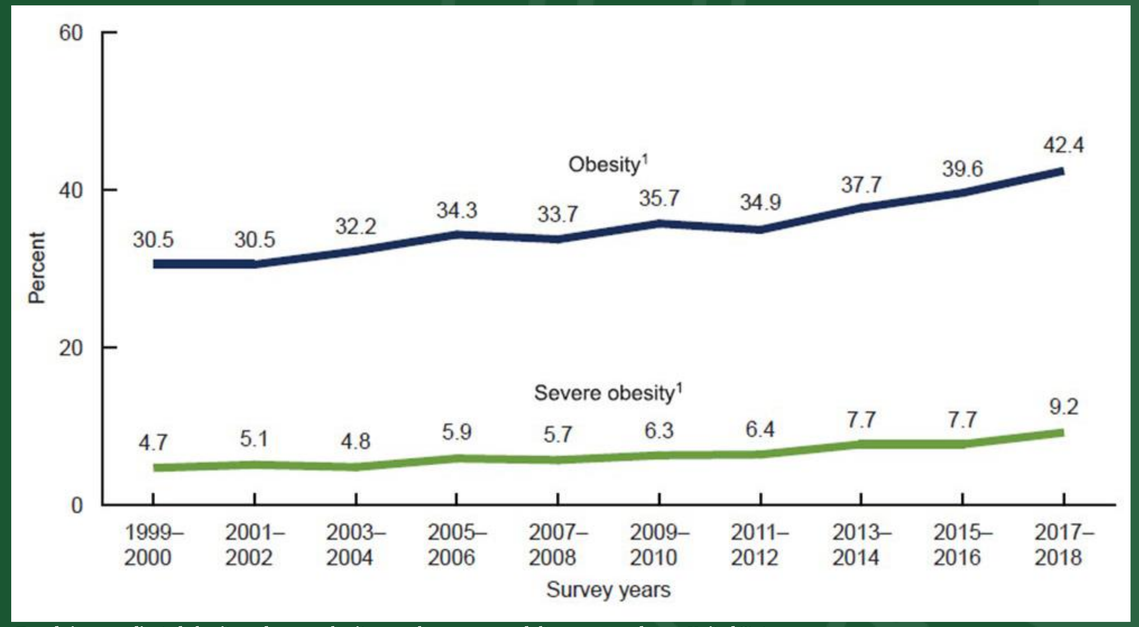


Trends in age-adjusted obesity and severe obesity prevalence among adults ages 20 and over: United States
SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, 1999–2018.

- Super-obese (BMI ≥50) increasing in US parturients
- Increased maternal comorbidities and Cesarean rates
- Limited data on optimal anesthetic strategies in this population

CASE 1

Gravida, BMI 79, IOL@33wga SevSiPreE

Uncomplicated labor epidural placement
pC/S for failed induction

Reduced-dose CSE + epidural lidocaine
Supra-umbilicus incision

Epidural and intravenous supplementation
Continuous end-tidal CO_2 monitoring

APGAR 3 and 7, EBL 1L
Discharged POD5
SSI 6 weeks later, washout under GETA

CASE 2

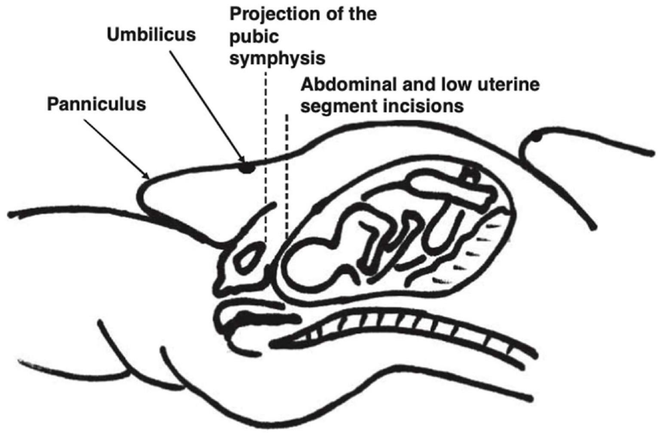
Gravida, BMI 88, IOL@34wga SevSiPreE
CKD

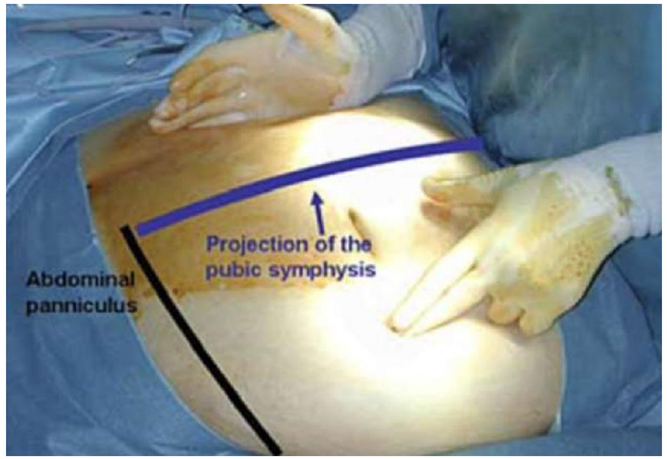
Uncomplicated labor epidural placement
Emergent pC/S for NRFHT

Failed conversion to surgical anesthesia
GETA, uncomplicated intubation

APGAR 3, 3 and 5, EBL 2L
SSI, washout under GETA
Discharged POD15 after resolution of AKI

Teaching Points - super-obese parturients





Aedla, NR et al. Challenges in timing and mode of delivery in morbidly obese women. *Best practice & research. Clinical obstetrics & gynaecology* vol. 92 (2024): 102425.

Early reliable epidural	Higher rate of failed induction and urgent cesarean; Prevent emergent GA
Supraumbilical incision	Higher sensory levels; Balance adequate surgical anesthesia with avoidance of high neuraxial block
Vigilant monitoring	Limited pulmonary reserve Cardiopulmonary comorbidities Multidisciplinary coordination