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ANESTHETIC MANAGEMENT OF A PREGNANT PATIENT COMING FOR NON OBSTETRIC SURGERY.

Anaesthesiology

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KEYWORDS

INTRODUCTION

Non obstetric surgeries in obstetric patients pose potential anaesthetic challenges both to the mother and fetus. Estimated incidence of pregnant patients requiring non-obstetric surgery is around 1-2%. foetal safety requires avoidance of dangerous drugs and assuring continuous adequate uteroplacental perfusion.

DISCUSSION

A pregnant patient posted for non obstetric surgery must be prepared for distinct challenges in each trimester to maintain maternal and fetal well-being as pregnancy induces complex changes in cardiac, respiratory, gastrointestinal, hematological and renal physiology.

METHODOLOGY / CASE REPORT

A 28 year old multigravida with 20 weeks + 2 days period of gestation diagnosed with bilateral renal calculi with right sided hydro-ureteronephrosis with ureteric calculi was posted for right sided DJ stenting. Thorough pre operative evaluation was done and case was accepted under ASA 2. Plan of anesthesia was sub arachnoid block. intra op, in sitting position, L2-L3 IVDS, 2.2ml of hyperbaric bupivacaine was injected intrathecally using 25G quincke spinal needle. Adequate block was obtained. continuous fetal heart rate monitoring was done intraoperatively and postoperatively.

CONCLUSION

A pregnant patient posted for non obstetric surgery is challenging to the anesthesiologist where the safety of both mother and the fetus is very important. This report shows successful management using spinal anesthesia without postoperative complication

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