



The obese pregnant patient a challenge for the anaesthetist

ÅRE

Friday 20 September

Mark Scrutton
St Michael's Hospital
University Hospitals Bristol







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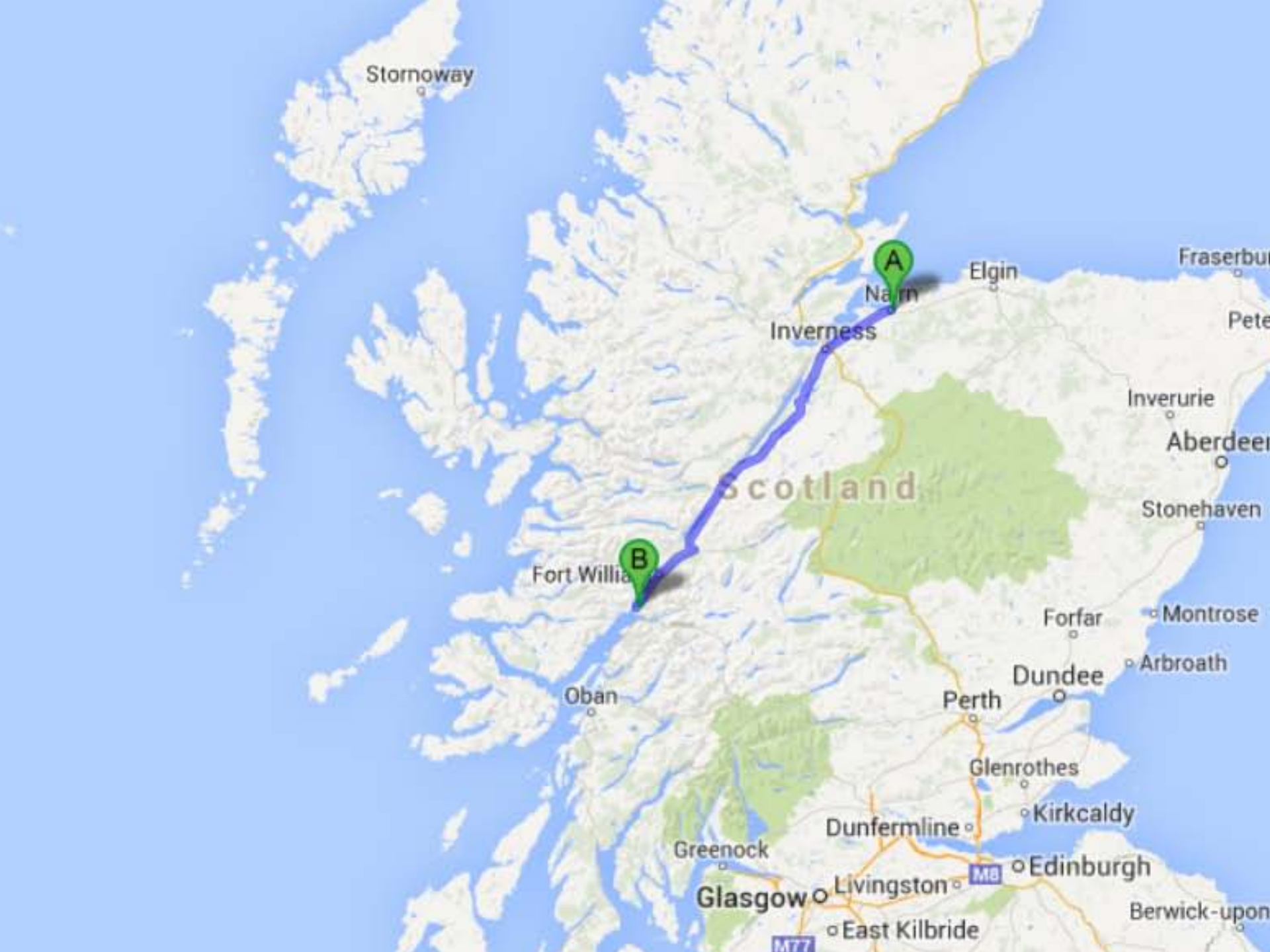
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14th-15th September 2013

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Obesity costs for pregnant women



Jody Harrison
Reporter

Wednesday 18 September 2013

PREGNANT women who are obese cost the health service an extra £200 during their maternity care, experts said.





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Britain is now the fat man of Europe with one in four labelled obese

By JENNY HOPE

Last updated at 7:50 AM on 8th December 2010

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The UK has the worst obesity rates in Europe, an international report has found.

According to the study, one in four Britons is so fat that their health is threatened.

Experts who looked at the health of 31 European countries also found that the number of obese Britons has more than doubled in the last 20 years.



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Oral-B

9/10

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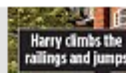
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FEMAIL TODAY

► Is it a hen party or a baby shower? Pregnant Victoria Beckham tweets photos of her bridal-inspired baby shower
She's wrapped in paper



► Was a 3am balcony leap the reason Prince



Obesity in England 'rising at a slower rate'

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Monday September 9 2013

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All Headlines

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Heart/lungs (402)

Neurology (376)

Genetics/stem cells (270)

QA articles (267)

Older people (251)

Mental health (239)

Obesity (185)

Diabetes (110)

"Britons have stopped getting fatter," The Daily Telegraph reports, while the Mail Online headlines that it's "the fat getting fatter". Despite a drop in the nation's overall obesity rate, they say that the heaviest people continue to put on weight.

In fact, it appears the English are (on the whole) still "getting fatter", the rate of increase has slowed, although those classed as overweight or obese are increasing at a greater rate than the rest.

These reports are based on a study that used data obtained from the annual Health Survey for England to explore body mass index



The survey found that people are getting fatter at a slower rate

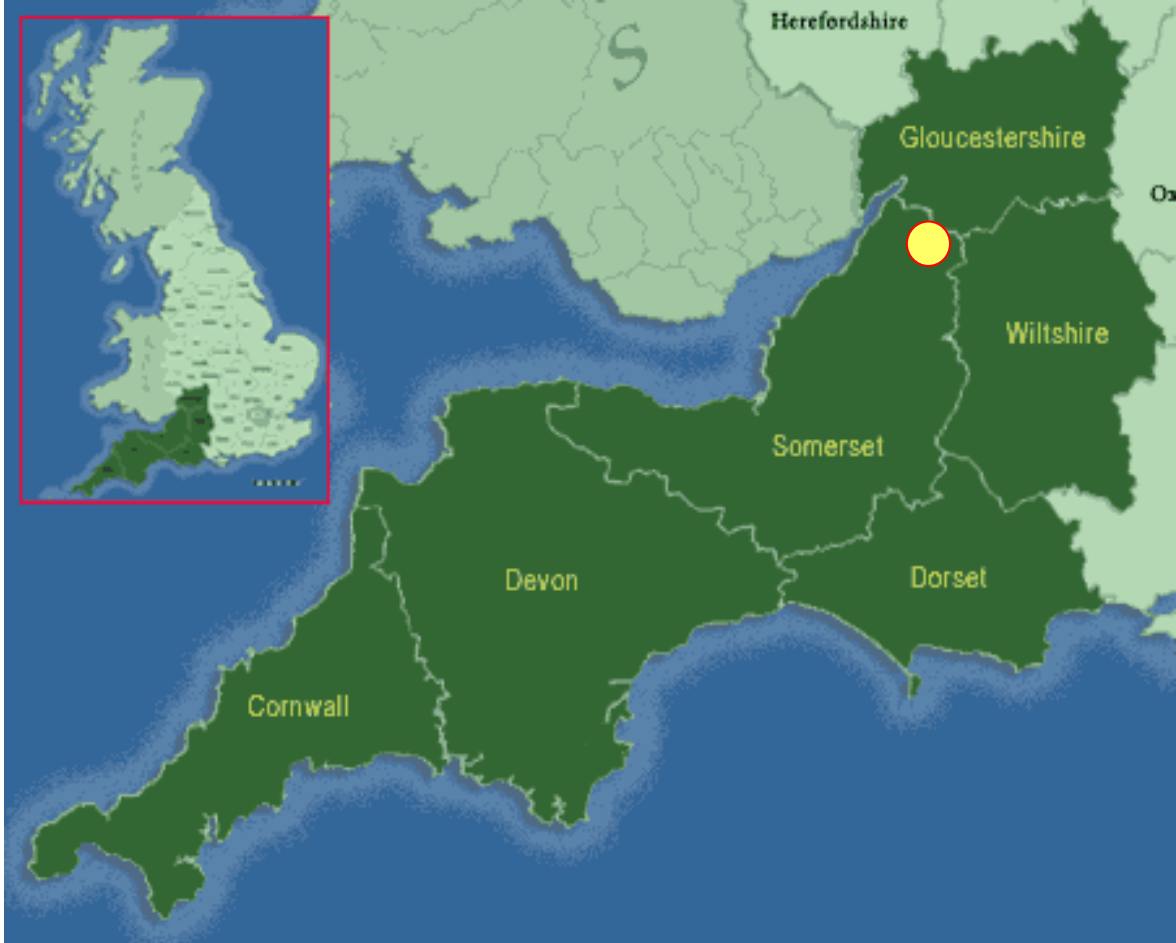
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- ▶ Diet and exercise (September 2013)
- ▶ Do processed foods cause obesity? (September 2013)
- ▶ Can a glass of wine help you lose weight? (September 2013)
- ▶ Fruit may help you lose weight (August 30 2013)
- ▶ Could eating more protein help you lose weight? (September 28 2013)

My 12-week weight journey

Bristol

UK





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Free Returns.



The Telegraph

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HOME » HEALTH » HEALTH NEWS

Heavyweight champions: obesity across the world

Approximately 1.6 billion of the planet's population are now overweight. Here's a guide to the countries helping to tip the scales



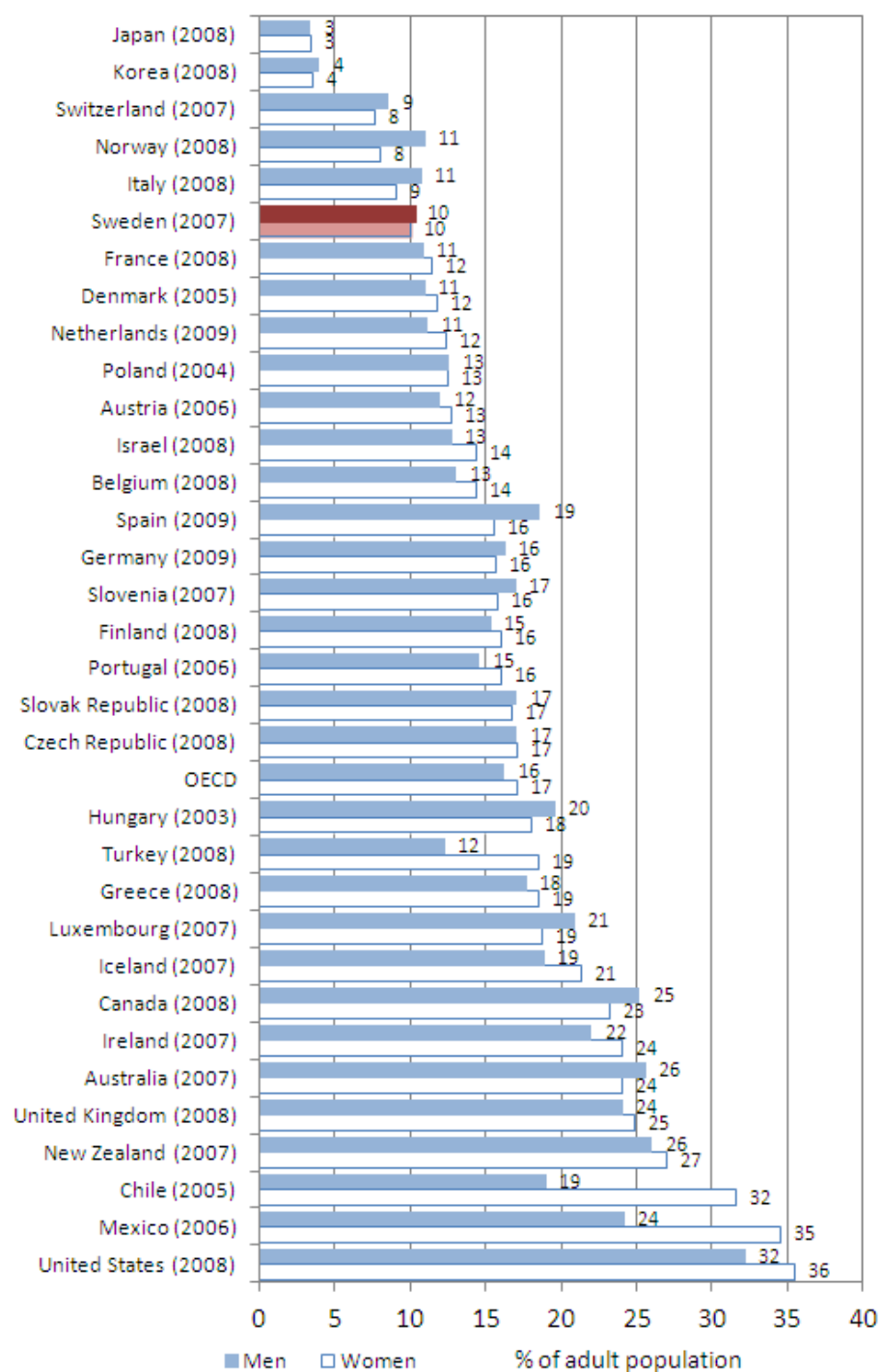
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Obesity in Sweden

From Wikipedia, the free encyclopedia

Obesity in Sweden has been increasingly cited as a major health issue in recent years. Sweden is the 90th fattest country in the world.^[1]

Contents [hide]

- 1 Effects
- 2 Programs
 - 2.1 Prescribing exercise
- 3 Statistics

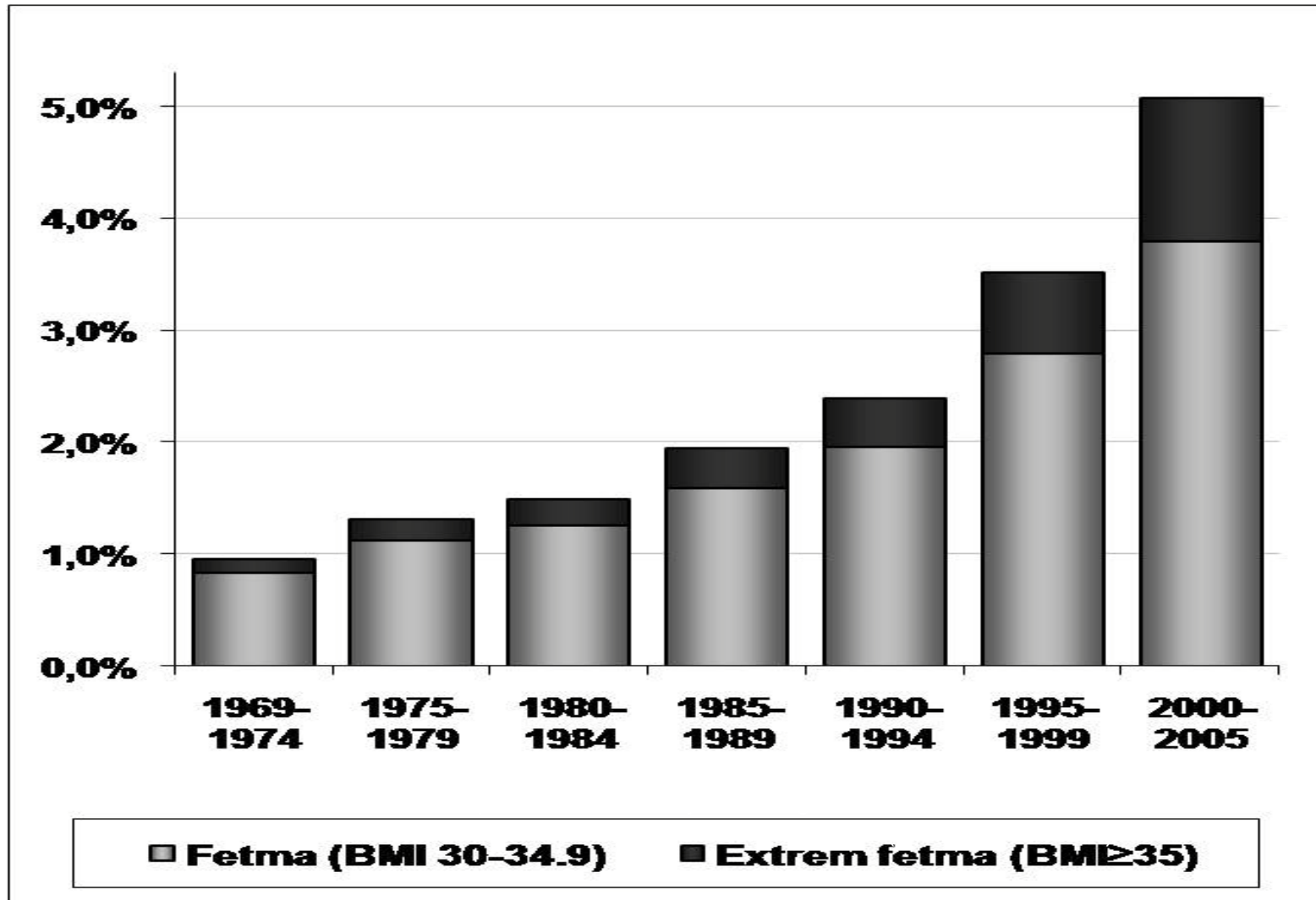
Sweden (53.3 per cent overweight)

Obesity is on the rise in Sweden, but at a markedly slower rate than in other countries. In fact, the Swedes are now on track to overtake the Swiss as Europe's slimmest people, thanks to a recent craze for high-fat, low-carb dieting. Endorsed by health authorities in 2008, the diet is now followed by one in four Swedes and its popularity was partly to blame for neighbouring Norway's Great Butter Shortage of 2011. (Several resourceful Swedes were arrested attempting to smuggle butter across the border.)

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Trends in morbid obesity: Sweden





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10 – 12 May GENEVA PALEXPO, Switzerland

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**Stevia:
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**Leuven,
 28-29 June 2011**

HEADLINES > SCIENCE & NUTRITION



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Childhood obesity on the up in Sweden especially in girls

By staff reporter, 17-Apr-2007

Related topics: [Science & Nutrition](#)

Four-year-old girls in Sweden are six times more likely to be obese than they were 20 years ago, and 10-year-olds five times more likely, says new research that highlights a need to address recent lifestyle changes.

The study, conducted by researchers at Uppsala University, involved two samples of children living in Uppsala County - a population in which there is a high proportion of post-graduate education amongst parents. The aim was to assess whether there was a change in psediatric overweight and obesity prevalence over a twenty-year period.

Children in the first sample were aged four, 10 and 16 years in 1982, and those in the second were aged four, 10 or 16 in 2002. The team measured their mean BMI (body mass index) in the lowest 10 per cent, mid 50 per cent, and highest 10 per cent, and calculated age-adjusted BMI cut-off values for each age and gender group.

They found that more four and 10-year-old girls and boys were overweight or obese in 2002 than in 1982, and the shift was larger in girls. For the 16-year-old girls, however, only the middle 50 per cent group had a slight increase of their mean BMI.

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Body Mass Index (BMI)

< 18.5	Underweight
18.5 - 24.9	Healthy
25.0 – 29.9	Overweight
30.0 - 34.9	Obese (class 1)
35.0 – 39.9	Obese (class 2)
> 40	Morbidly Obese (class 3)

Body Mass Index (BMI)

Morbid Obesity:

“BMI > 35 + significant co-morbidity”

CONFIDENTIAL ENQUIRY INTO MATERNAL AND CHILD HEALTH
Improving the health of mothers, babies and children

Why Mothers Die 2000 - 2004



Report on confidential enquiries into maternal and child deaths

Confidential Enquiry into Maternal and Child Health



Saving Mothers' Lives

Reviewing maternal deaths

Volume 118, Supplement 1, March 2011

BJOG
An International Journal of
Obstetrics and Gynaecology

Saving Mothers' Lives

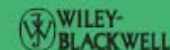
Reviewing maternal deaths to make
motherhood safer: 2006-2008

March 2011

The Eighth Report of the Confidential Enquiries into Maternal
Deaths in the United Kingdom



Centre for Maternal and Child Enquiries
Improving the health of mothers, babies and children



49% who died were overweight or obese

27% who died were obese

78% of thromboembolic deaths

61% of cardiac deaths

So what can we do about it?

National Institute for Health and Clinical Excellence

National Collaborating Centre for Primary Care

Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children

- Bariatric surgery is recommended as a treatment option for adults with obesity if all of the following criteria are fulfilled.
 - They have a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight.
 - All appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months.
 - The person has been receiving or will receive intensive management in a specialist obesity service, is generally fit for anaesthesia and surgery, and commits to the need for long-term follow-up.
- Bariatric surgery is also recommended as a first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m² in whom surgical intervention is considered appropriate.

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Press release

Free school lunch for every child in infant school

Organisations: [Deputy Prime Minister's Office](#) and [Department for Education](#)

Page history: [Published 17 September 2013](#)

Policies: [Giving all children a healthy start in life](#) + 2 others

Minister: [The Rt Hon Nick Clegg MP](#)

Nick Clegg announces free school lunch for every child in state-funded infant school.



Every child in reception, year 1 and year 2 in state-funded schools will receive a free school lunch from September 2014, Deputy Prime Minister Nick Clegg has announced.

The government will fund schools in England to provide every child in reception, year 1 and year 2 with a hot, nutritious meal at lunch time. The aim is to improve academic attainment and save families money – over the course of a year the average family spends £437 on school lunches per

elsewhere

- between 3% and 5% more children reached target levels in Maths and English at Key Stage 1, a bigger improvement than the 3.6% boost that followed the introduction of a compulsory literacy hour in 1998
- academic improvements were most marked among children from less affluent families
- **there was a 23% increase in the number of children eating vegetables at lunch and an 18% drop in those eating crisps**

Notes to editors

All infant school pupils in state funded schools in England will be eligible for a free school meal from September 2014. Disadvantaged students at sixth form colleges and further education colleges will also be eligible for free school meals from September 2014.

VISIT Sweden

Sweden to prescribe exercise to battle youth obesity

Published: 21 Jan 10 07:58 CET | Double click on a word to get a **translation**



School nurses in **Uppsala** in eastern Sweden will soon begin prescribing children exercise in order to combat increasing **obesity** among teenage boys.



Brothers found guilty over 'grossly' obese dog

Staff and agencies

Friday January 12, 2007

[Guardian Unlimited](#)

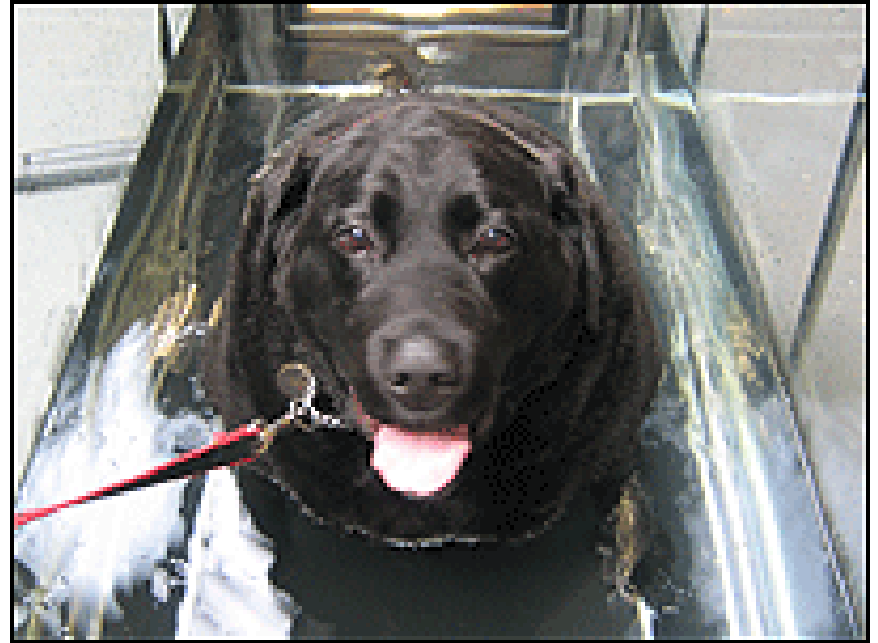


Two brothers who allowed their pet labrador to become "hugely and grossly" overweight were today found guilty of causing unnecessary suffering to an animal.

Derek Benton, 62, and his 53-year-old brother, David, received a three-year conditional discharge after magistrates in Ely, Cambridgeshire, ruled that they had given the dog, called Rusty, an inappropriate diet.

Obese dog sent to fat dog rehab

An obese eight-year-old black Labrador has lost nearly half a stone in weight by running on an underwater treadmill at a fat dog boot camp in Dawlish.



Prince weighed 11st 8lb (75 kg) when he started rehab

Problems in pregnancy...

Fertility and IVF

↓ Fertility – anovulation x3 if BMI > 27 kg/m²

Fertility rates: > 32 kg/m² = 38%
 < 32 kg/m² = 52%

↑ First trimester loss

↑ Late pregnancy loss

Prioritising for fertility treatments ???

New Zealand. BMI - 18-32 kg/m²

Hypertension

Multicentre study 16,102 women

85% BMI < 30

9% Obese

6% Morbid Obese

Pregnancy Induced Hypertension (PIH)

> 2.5 in obese

> 3.2 morbid obesity

Am J O&G 2004;190:1091

BMI and risk of pre-eclampsia

With each 5 – 7kg/m² increase in pre-pregnancy BMI the risk of PET doubles

Epidemiology 2003;14:368

Thrombo-embolism

North West Thames, London database
287,213 pregnancies
27.5% overweight, 11% obese

Thromboembolism

0.04% normal weight
0.07% overweight
0.08% obese

Sebire et al. Int J Obes Relat Metab Disord 2001;25:1175-82

LMWH

Weight (kg)	Enoxaparin	Dalteparin	Tinzaparin (75u/kg/day)
< 50	20 mg daily	2500 units daily	3500 units daily
50–90	40 mg daily	5000 units daily	4500 units daily
91–130	60 mg daily*	7500 units daily*	7000 units daily*
131–170	80 mg daily*	10 000 units daily*	9000 units daily*
> 170	0.6 mg/kg/day*	75 units/kg/day*	75 u/kg/day*
High prophylactic (intermediate) dose for women weighing 50–90 kg	40 mg 12-hourly	5000 units 12-hourly	4500 units 12-hourly
Treatment dose	1 mg/kg/12 hourly antenatal; 1.5 mg/kg/daily postnatal	100 units/kg/12 hourly or 200 units/kg/daily postnatal	175 u/kg/daily (antenatal and postnatal)

* may be given in two divided doses

Gestational diabetes (GDM)

Danish study of 8092 women

<u>BMI</u>	<u>Odds ratio for GDM</u>
< 25kg/m ²	1
25 - 29kg/m ²	3.4
> 30kg/m ²	15.3

Obstet Gynecol 2005;105;537

Obstetric outcome in diabetes

12 year retrospective study: 182 births

Stillbirth risk	x 2
Perinatal mortality	x 2.5
Congenital anomalies	x 11

Dunne et al. Diab Medicine 2003

Other complications

North West Thames, London database

287,213 pregnancies

27.5% overweight, 11% obese

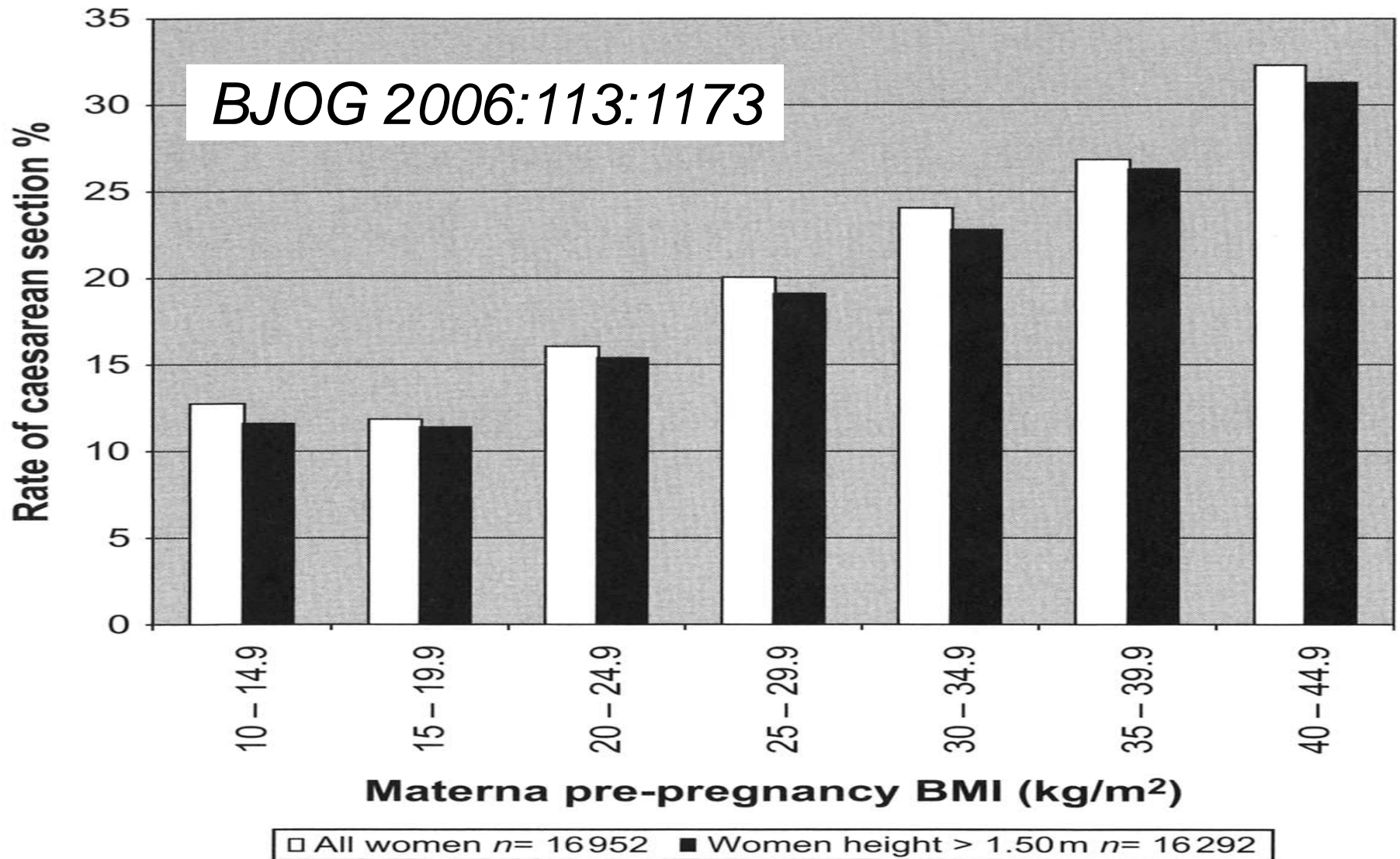
↑ wound infection

↑ PPH

↑ hospital stay

↓ breast feeding

Obesity and Caesarean Section



Obesity and VBAC

If BMI > 30

50% less likely to be successful

Compared to women with normal BMI

Obstet Gynec 2005;106:741

boyzilla!

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four

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Miss Ellerton
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everyone in
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ed by him.
aby clothes
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joked that



THE BIG DEBUTS

BRITAIN'S heaviest newborn was Guy Warwick Carr, delivered in Cumbria in 1992 weighing 15lb 8oz.

The heaviest baby ever born was produced by Anna Bates of Canada in 1879, according to the Guinness Book of World Records. It weighed 23.12lb and died 11 hours after birth.

Obesity and the fetus

Congenital anomalies

Neural tube

Cardiac

Diagnostic and monitoring difficulties

↑ Still birth and neonatal death

Macrosomia

Shoulder dystocia

Admission to neonatal ICU

More likely to be obese adults x9

Obesity: causation

151025 women, 1992-2001

1st two consecutive singleton births

Stratified by 'change in BMI' between
births

Outcome:

Odds ratio for adverse pregnancy
outcomes

Lancet 2006;368:1136-8

Obesity: causation

BMI change: -1.0 to 0.9 units vs ≥ 3 units

Pre-eclampsia 1.78 (1.52-2.08)

Gestational HT 1.76 (1.39-2.23)

Gestational DM 2.09 (1.68-2.61)

LSCS 1.32 (1.22-1.44)

Stillbirth 1.63 (1.20-2.21)

Large for dates 1.87 (1.72-2.04)

(Linear relationship and same in non-obese)

Obesity in pregnancy

Major predictor of:

obesity in later life

chronic hypertension

type 2 diabetes mellitus

dyslipidaemia

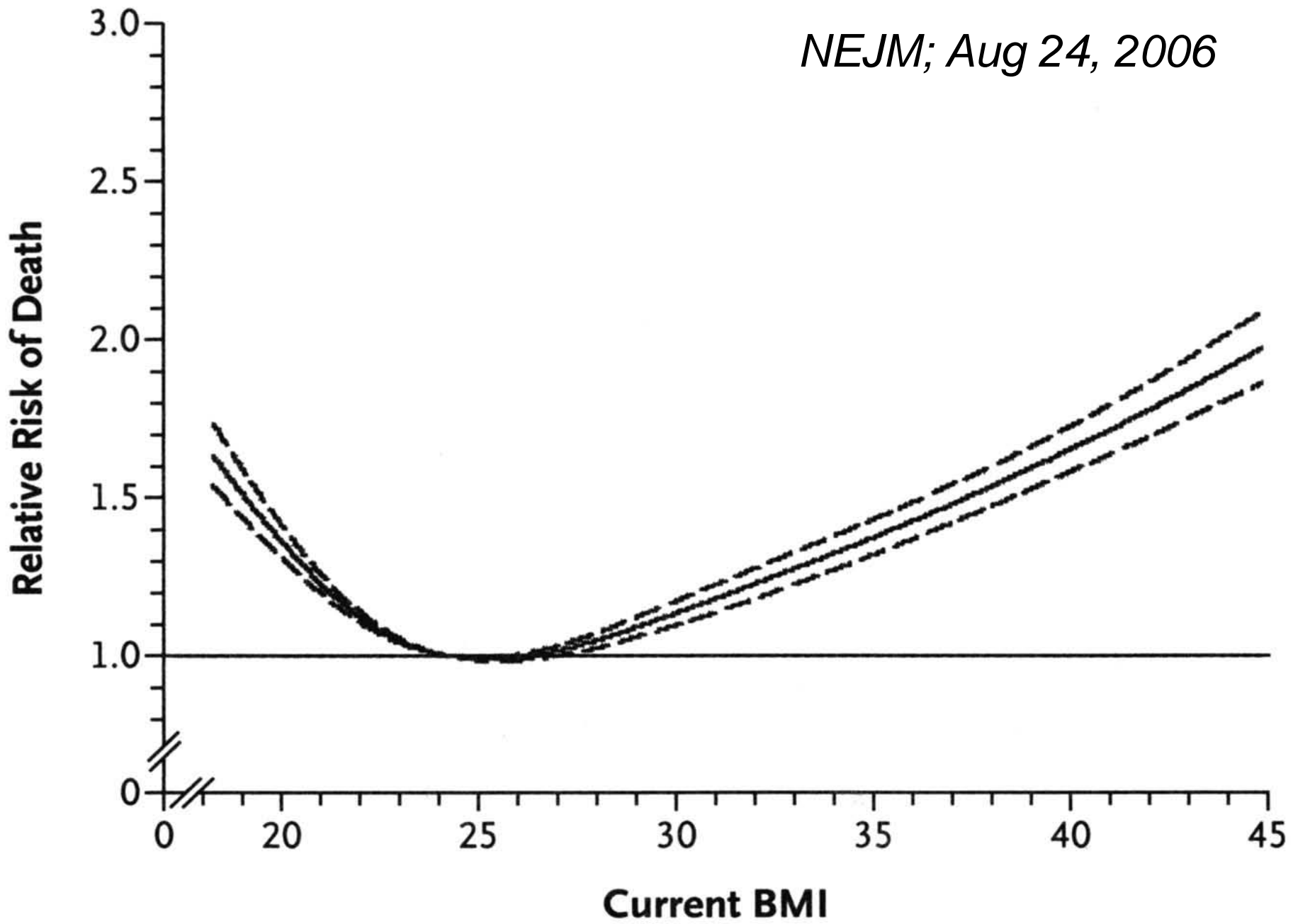
gall stones

breast cancer

endometrial cancer

A All Women (N=214,218; 19,144 deaths)

NEJM; Aug 24, 2006



Obesity and obstetric anaesthesia

Be prepared

Be on holiday

Phone a friend



Anaesthesia
and intensive care medicine

Anaesthesia in the obese patient

Andrea Binks, Mark Pyke

*Anaesthesia & intensive care
medicine*





CMACE/RCOG Joint Guideline

Management of Women with Obesity in Pregnancy

March 2010

BMI >40:

1. Have antenatal anaesthetic review
2. Anaesthetist informed of admission to labour ward
3. ST 6 or above to attend operative delivery'



OAA Response:

<http://www.oaa-anaes.ac.uk/content.asp?ContentID=415>

1: Antenatal assessment

Antenatal anaesthetic clinic

BMI: > 35 > 40 > 50 ??

History and clinical examination

Airway assessment

Assessment for regional anaesthesia

Education

Information sheets



Obstetric Anaesthetists' Association

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Foreign Language Translations

Information for Mothers

Any interested anaesthetists who might be able to help with translations into other languages should [view the instruction page](#) and/or [contact the OAA](#) before starting.

Many of the translations are available via the phone or tablet apps below:



Every effort has been made to ensure accuracy in all leaflets and translations. Information provided was based on the best available evidence at the time of writing.

* - indicates that a translation is in process

Language	Pain Relief in Labour (3rd Edition unless stated otherwise)	Caesarean Section (translations all 2nd Edition unless stated otherwise)	Epidural Info Card	Phrase Cards	High Body Mass Index (BMI)	Headache after epidural	Regional Anaesthesia for Unplanned CS (Caesarean Section)	General Anaesthesia for Unplanned CS (Caesarean Section)
ENGLISH								
Arabic	*	*	*	*	*			
Bengali	*	*	*	*	*			
Brazilian			*					
Bulgarian	*	*	*					
Cantonese	*	*	*	*	*	*		
Catalan	*	*	*		*			
Croatian	*(1st ed)	*(1st ed)	*					

2: Inform on admission.....



3: Senior anaesthetist in theatre

St Michael's Hospital audit: Feb-Mar 2008:

Total operations BMI > 40	18
---------------------------	----

(CS 15, TOF 1, MROP 1, Tear 1)

Consultant in theatre	6
-----------------------	---

'ST 6 in theatre	1
------------------	---

'Junior' in theatre	11
---------------------	----

Griffin, Scrutton, 2008

Labour: practicalities

CATEGORY 1 CS:

DDI < 30 min cannot be
guaranteed

Labour: practicalities

CATEGORY 1 CS:

DDI < 30 min cannot be guaranteed

A red starburst graphic with multiple points, containing the text 'Take home message'.

Take home message

Labour: practicalities

Antacid prophylaxis

Clear/isotonic fluids only

Avoid parenteral opioids

Intrauterine resuscitation

Epidural analgesia

Early epidural?

Effective

Low dose / mobile

↓ MLAC in obesity

Panni et al. BJA 2005

Fix firmly





Pitfalls

Catheter 'moves in' as patient uncurls

Hamilton et al. Anesthesiology 1997

Leave a bit extra in the space for lateral movement of fat

Wasson. Anaesthesia 2001

Thromboprophylaxis

Anaesthesia 2013, 68, 966-972

doi:10.1111/anae.12359

Guidelines

Regional anaesthesia and patients with abnormalities of coagulation

The Association of Anaesthetists of Great Britain & Ireland
The Obstetric Anaesthetists' Association
Regional Anaesthesia UK

Membership of the Working Party: W. Harrop-Griffiths, T. Cook,¹ H. Gill, D. Hill,² M. Ingram, M. Makris, S. Malhotra, B. Nicholls,³ M. Popat, H. Swales² and P. Wood

Thromboprophylaxis

Drug	Time to peak effect	Elimination half-life	Acceptable time after drug for block performance	Administration of drug while spinal or epidural catheter in place ¹	Acceptable time after block performance or catheter removal for next drug dose
Heparins					
UFH sc prophylaxis	< 30 min	1-2 h	4 h or normal APTTR	Caution	1 h
UFH iv treatment	< 5 min	1-2 h	4 h or normal APTTR	Caution ²	4 h
LMWH sc prophylaxis	3-4 h	3-7 h	12 h	Caution ³	4 h ³
LMWH sc treatment	3-4 h	3-7 h	24 h	Not recommended	4 h ⁴

LMWH

Weight (kg)	Enoxaparin	Dalteparin	Tinzaparin (75u/kg/day)
< 50	20 mg daily	2500 units daily	3500 units daily
50–90	40 mg daily	5000 units daily	4500 units daily
91–130	60 mg daily*	7500 units daily*	7000 units daily*
131–170	80 mg daily*	10 000 units daily*	9000 units daily*
> 170	0.6 mg/kg/day*	75 units/kg/day*	75 u/kg/day*
High prophylactic (intermediate) dose for women weighing 50–90 kg	40 mg 12-hourly	5000 units 12-hourly	4500 units 12-hourly
Treatment dose	1 mg/kg/12 hourly antenatal; 1.5 mg/kg/daily postnatal	100 units/kg/12 hourly or 200 units/kg/daily postnatal	175 u/kg/daily (antenatal and postnatal)

* may be given in two divided doses

Anaesthesia: practicalities

Consultant led

Venous access

Probe Positioned Over Deep Arm Vein: Short Axis View

Probe Marker
to Left

Vascular Structures:
Short Axis View



Screen Marker to Left



WYCON

**MICRO-ACCESS
TEARAWAY INTRODUCER KIT**

REF:

G1146-057

5.0F

CONTENTS

1 - 10ml LS Syringe

1 - 21G x 7cm Sharps Safety Needle



Anaesthesia: practicalities

Consultant led

Venous access

Invasive arterial monitoring

Anaesthesia: practicalities

Consultant led

Venous access

Invasive arterial monitoring

A red starburst graphic with multiple points, containing the text 'Take home message'.

Take home
message

Anaesthesia: practicalities

Consultant led

Venous access

Invasive arterial monitoring

Equipment

Anaesthesia: practicalities

• schaerer axis

Schaerer Mayfield Schweiz AG, CH-3110 Münsingen
Tel. +41 31 720 22 00, info@schaerermayfield.com

Maximum admissible load:

Total weight	: 220 kg
Head plate	: 40 kg
Leg plate	: 40 kg
Leg plate swivelled outwards	: 20 kg

Max. operating pressure : 200 bar

ATTENTION
Danger of tipping over when floor inclination > 5°

Steer
Front roller direction
All rollers
Rear roller direction







CS: Regional or GA?

Regional anaesthesia

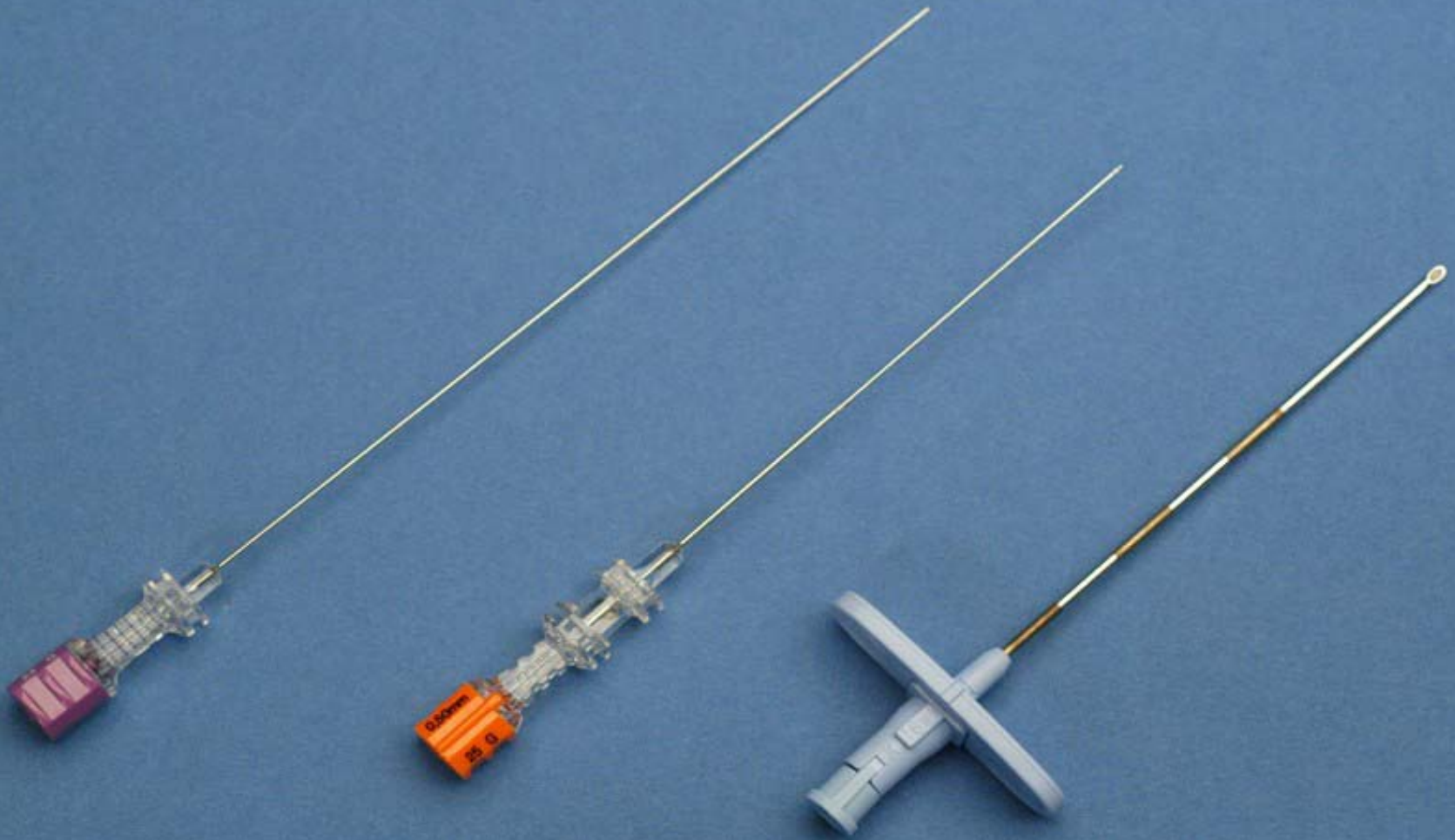








Spinal vs epidural anaesthesia



Obesity and spinal anaesthesia

Spread of anaesthesia

Obesity and block level (Spinal)

<u>Surgery</u>	<u>Agent & Dose</u>	<u>N</u>	<u>BMI Effect</u>	<u>Ref</u>
CS	Bup 12mg	50	No	A&A 1988
CS	Bup 12mg	52	No	Anes 1990
CS	Bup -12.5mg	20	No	IJOA 2004
PPTL	Lig 75mg	44	No	Reg An 1994

Obesity and spinal anaesthesia

Spread of anaesthesia

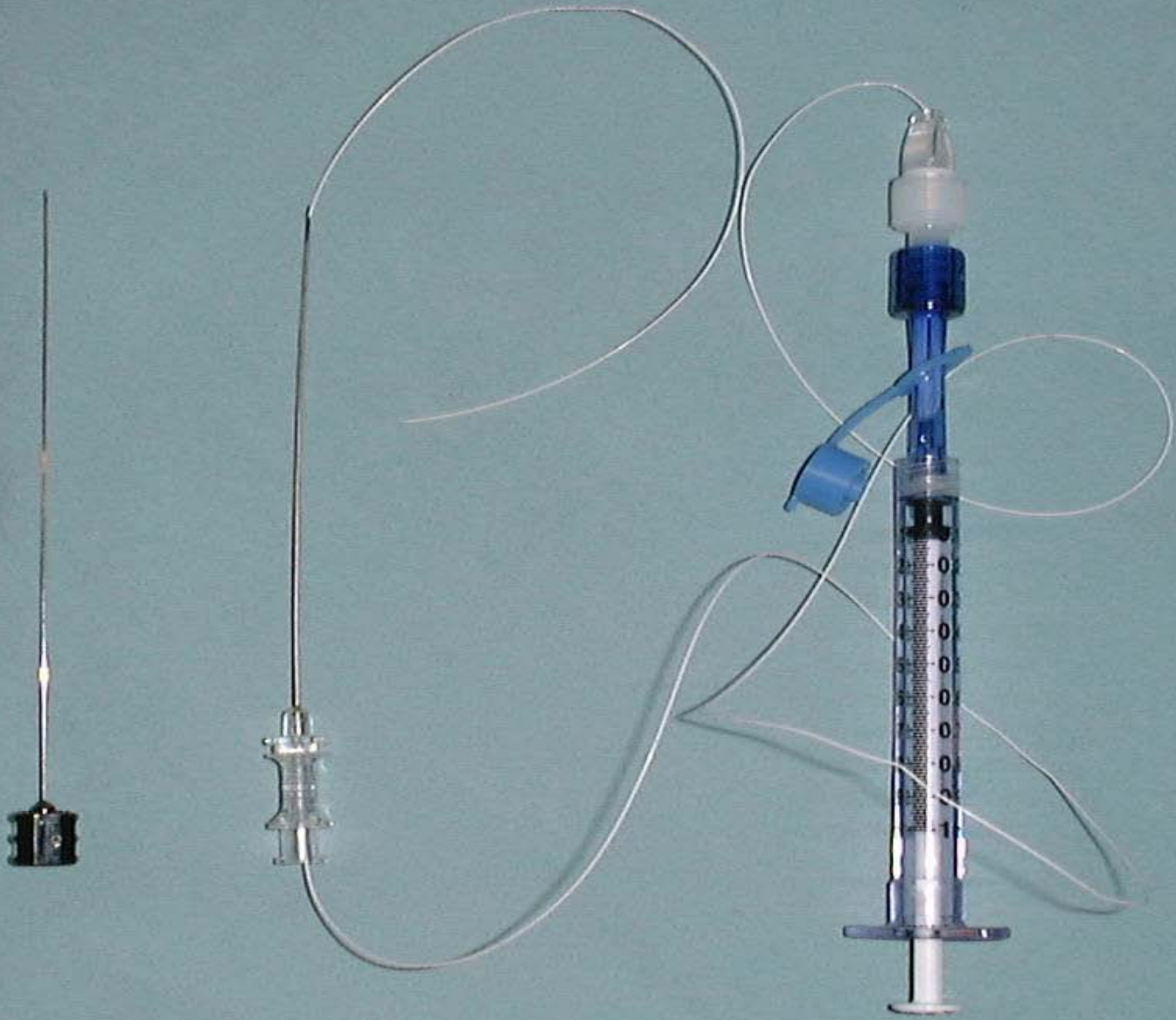
Duration of surgery

Means spinal anaesthesia is unsuitable?

CSE

Continuous micro-spinal anaesthesia





Spinal Catheters in Obstetric Anaesthesia: Experience From Two Tertiary Centres

Wilson H, Scrutton M, Kinsella M, Pinder A*, Dresner M*.

Depts of Anaesthesia, St Michael's Hospital Bristol and *Leeds General Infirmary.

Fig 1:
Kendall CoSPAN® Microspinalsystem:
22G Sprotte Needle / 28G Catheter



Fig 2:
Braun Spinocath® system:
22G Catheter over needle



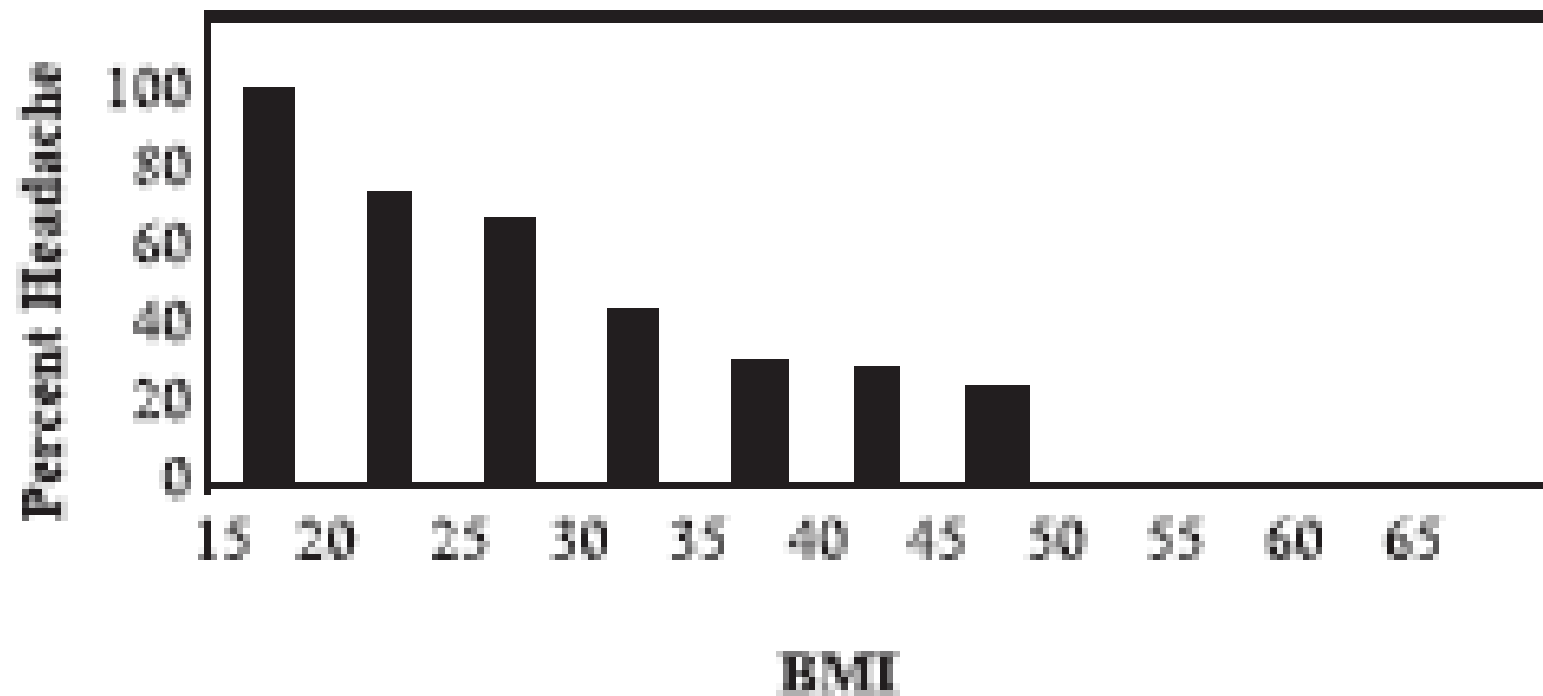
Deliberate dural puncture with
tuohy needle?

SOAP A99

**THE RELATIONSHIP BETWEEN BODY MASS INDEX AND
POSTDURAL HEADACHE IN PARTURIENTS**

Spielman FJ, Mayer DC, Criswell HE

Dept of Anesthesiology, University of North Carolina, Chapel Hill, NC



SOAP A133

DEATH FOLLOWING CESAREAN DELIVERY: MASSIVE OBESITY, CONTINUOUS SPINAL ANESTHESIA, AND SUBDURAL HEMORRHAGE

Beland JE, Bell EA, Spielman FJ

University of North Carolina, Dept. of Anesthesiology, Chapel Hill, NC

Anesthetic management of the massively obese parturient is challenging. We present a case of a 288 kilogram (633 pound) parturient delivered by elective cesarean section. The patient was a 30-year-old, gravida 2, para 1 at term with body mass index of 99.4. Past medical history was signifi-

~~Deliberate dural puncture with
tuohy needle?~~

Regional anaesthesia preferred.....

BUT –

Must have a Plan B

Plan B = GA

General anaesthesia

Careful airway assessment

Breast size

Airway oedema

Chin to Chest distance

Range of head and neck movement

Two anaesthetists







PLEASE!
KEEP THESE
DOORS
CLOSED
AT ALL TIMES

CapLife
DURA-CAP
REF-272
23.91.01

131
97

Obesity and General Anaesthesia







The Royal College
of Anaesthetists



The Difficult
Airway Society

NAP4

4th National Audit Project of
The Royal College of Anaesthetists and The Difficult Airway Society

Major complications of airway management in the United Kingdom

Report and findings
March 2011



- The proportion of obese patients in case reports submitted to NAP₄ was twice that in the general population, this finding was even more evident in the morbidly obese. Too often obesity was not identified as a risk factor for airway difficulty and the anaesthetic

Headline

Four obstetric cases were reported to NAP₄. All involved failed tracheal intubation at the time of emergency caesarean section and were admitted to ICU for observation of their airway and other reasons (e.g. aspiration, controlled ventilation following massive haemorrhage). In one patient a surgical tracheostomy was performed after delivery and in another there were two failed attempts at a cricothyroidotomy. All parturients were near term, three were reported to be obese, (two had a body mass index greater than 35 kg m⁻²) and the patients had complex obstetric, medical and anaesthetic issues. All occurred out of hours. Consultants were either involved from the outset or attended when the event occurred. Two case reporters commented on lack of support/insight from the non-anaesthetic staff in the delivery suite theatre. All mothers had live births and made a full recovery.

Volume 118, Supplement 1, March 2011

BJOG
An International Journal of
Obstetrics and Gynaecology

Saving Mothers' Lives

Reviewing maternal deaths to make
motherhood safer: 2006–2008

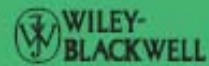


March 2011

The Eighth Report of the Confidential Enquiries into Maternal
Deaths in the United Kingdom



Centre for Maternal and Child Enquiries
Improving the health of mothers, babies and children



In the first woman, the anaesthetist failed to stop trying to intubate the trachea even though oxygenation was achieved through an intubating laryngeal mask airway (ILMA). Failed intubation guidelines¹ were followed, to an extent, in this very stressful situation, but oesophageal intubation through the ILMA was not recognised and further hypoxia occurred. The woman was coughing but was not allowed to wake up, and a second dose of thiopental and a long-acting neuromuscular-blocking drug were given even though the end-expiratory CO₂ monitor indicated that the woman's lungs were not being ventilated. Cricothyrotomy was not attempted.

Patients do not die from a 'failure to intubate'. They die either from failure to stop trying to intubate or from undiagnosed oesophageal intubation.

Bruce Scott 1986²

SHERIFFDOM OF GLASGOW AND STRATHKELVIN

UNDER THE FATAL ACCIDENTS AND SUDDEN DEATHS (SCOTLAND) ACT 1976

DETERMINATION

of

SHERIFF LINDA MARGARET RUXTON

in

FATAL ACCIDENT INQUIRY

into the death of

GORDON EWING

0

ed consideration of all the evidence adduced, **FINDS AND DETERMINES** in terms of 6(1) of the Fatal Accidents

SHERIFFDOM OF GLASGOW AND STRATHKELVIN

UNDER THE FATAL ACCIDENTS AND SUDDEN DEATHS (SCOTLAND) ACT 1976

DETERMINATION

of

<http://www.scotcourts.gov.uk/opinions/2010FAI15.html>

in

FATAL ACCIDENT INQUIRY

into the death of

GORDON EWING





PRactical Obstetric Multi-Professional Training

PROMPT (PRactical Obstetric Multi-Professional Training) is an evidence based multi-professional training package for obstetric emergencies. It is associated with direct improvements in perinatal outcome and has been proven to improve knowledge, clinical skills and team working.

The PROMPT Maternity Foundation (PMF) is a multi-professional group of obstetricians, midwives and anaesthetists based in the UK. PMF strives to make childbirth safer through training, education

Obesity and general anaesthesia

Fetal distress can be an ethical dilemma

Mother must not be endangered to deliver a distressed fetus

Take time with Category 1 LSCS

Obesity: the human element

Embarrassed and anxious

Usually helpful

Pregnancy:

Not the time for weight loss

OR gain

Honest about risks (not
frightening)

Post-partum

Inform re ongoing risks



