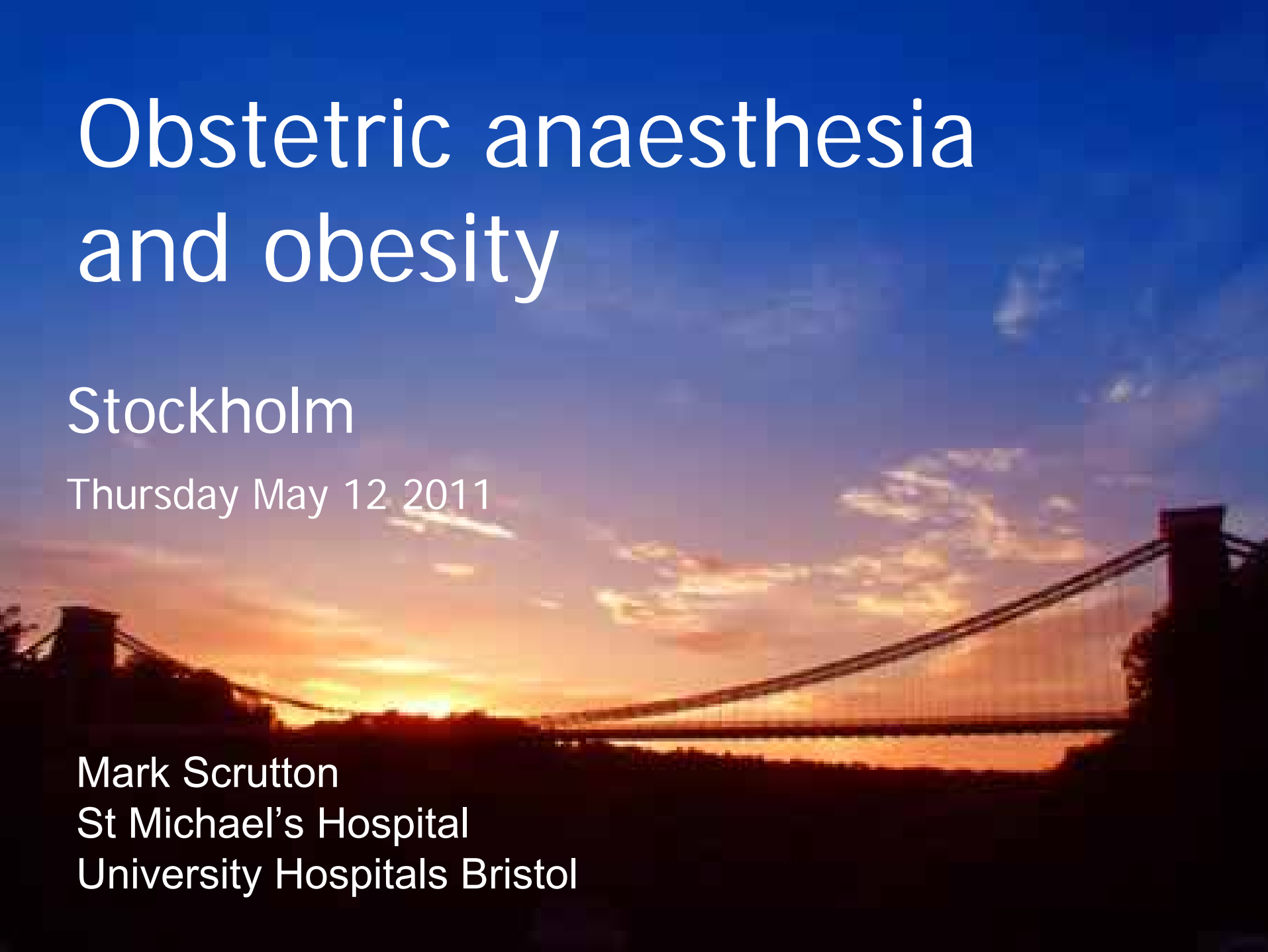


Obstetric anaesthesia and obesity

Stockholm

Thursday May 12 2011

Mark Scrutton
St Michael's Hospital
University Hospitals Bristol






Jamie Oliver warns MPs 'recession could worsen obesity crisis'

The looming recession could contribute to an obesity "horror show", Jamie Oliver has warned MPs, because people have lost the skills to make healthy meals on a budget.

By Kate Devlin Medical Correspondent


Last Updated: 10:58AM GMT 06 Nov 2008



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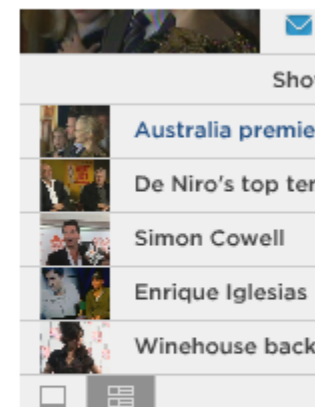
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Westminster Whispers

Andrew Pierce has all the gossip from Westminster village.

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Obama's team presented with policy recommendations designed to combat obesity epidemic

Published: Monday, 24-Nov-2008

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Miscellaneous News



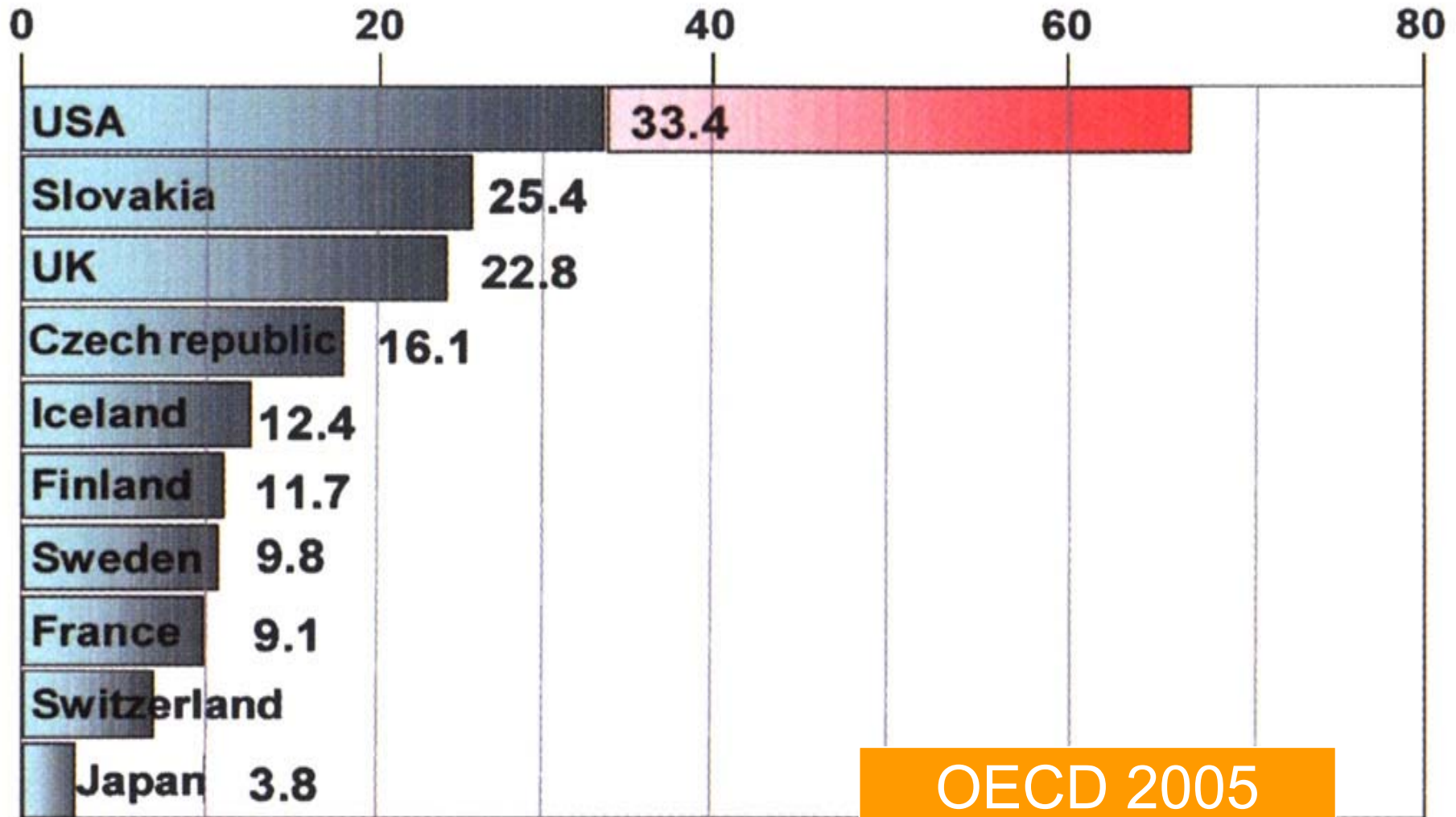
Wanted: Women aged 19-59 willing to lose stubborn fat

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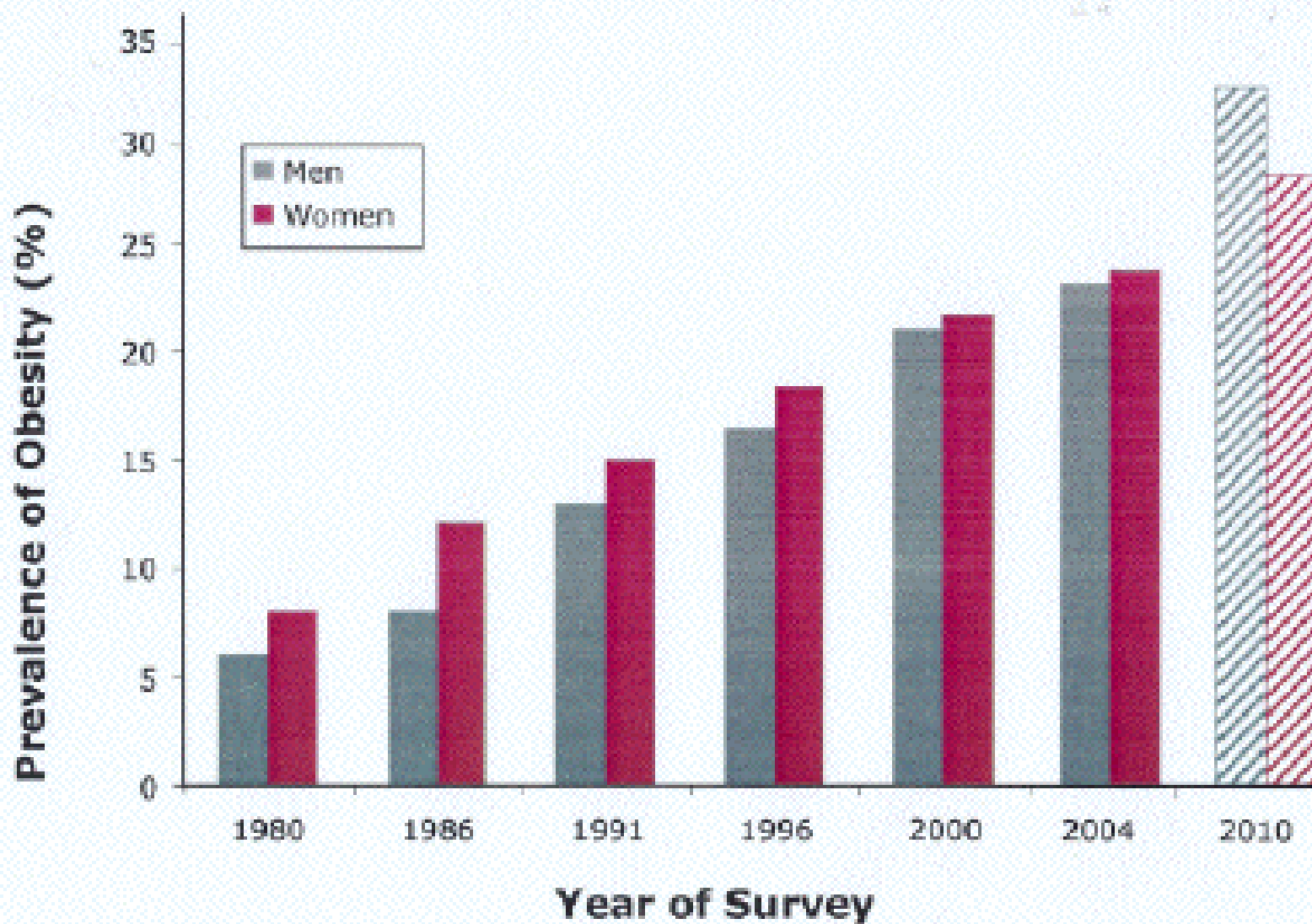
President-elect Barack Obama's Health and Human Services Transition Team was presented with a series of nearly 50 legal and policy recommendations designed to combat the nation's obesity epidemic.

The document, developed by the Public Health Advocacy Institute (PHAI) at Northeastern University's School of Law, was sent to the Transition Team by Richard

BMI > 30kg/m²



Increasing obesity among adults





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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to a manual to

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Article **Discussion** Read **Edit**

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

Rank	Country	%
1.	Nauru	94.5
2.	Micronesia, Federated States of	91.1
3.	Cook Islands	90.9
4.	Tonga	90.8
5.	Niue	81.7
6.	Samoa	80.4
7.	Palau	78.4
8.	Kuwait	74.2
9.	United States	74.1
10.	Kiribati	73.6
11.	Dominica	71.0
12.	Barbados	69.7
13.	Argentina	69.4
14.	Egypt	69.4
15.	Malta	68.7
16.	Greece	68.5
17.	New Zealand	68.4
18.	United Arab Emirates	68.3
19.	Mexico	68.1
20.	Trinidad and Tobago	67.9
21.	Australia	67.4
22.	Belarus	66.8
23.	Chile	65.3
24.	Venezuela (Bolivarian Republic of)	65.2
25.	Seychelles	64.6
26.	Bahrain	64.1
27.	Andorra	63.8
28.	United Kingdom	63.8
29.	Saudi Arabia	63.5
30.	Monaco	62.4
31.	Bolivia	62.2

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Food ingredients www.alsian.com

Ingredients and solutions for the food industry

Gastric Bypass i Lettland

Hög kvalitet. Inga vårdkostnader. Spårat pris i Sverige

71.	Croatia	53.7
72.	Bosnia and Herzegovina	53.8
73.	Portugal	53.8
74.	Armenia	53.3
75.	Grenada	53.3
76.	South Africa	53.3
77.	Iran (Islamic Republic of)	53.2
78.	Libyan Arab Jamahiriya	53.2
79.	Lithuania	53.1
80.	Lebanon	53.0
81.	Czech Republic	52.9
82.	Syrian Arab Republic	52.8
83.	Spain	51.8
84.	Hungary	51.6
85.	Panama	51.4
86.	Tunisia	51.0
87.	Saint Vincent and the Grenadines	50.6
88.	Brazil	50.5
89.	Belize	49.8
90.	Sweden	49.7
91.	Norway	49.1
92.	Russian Federation	49.1
93.	El Salvador	48.7
94.	Lesotho	48.5
95.	Suriname	47.8
96.	Paraguay	47.7
97.	Guyana	47.5
98.	Poland	47.5
99.	Latvia	47.3

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168.	Malawi	19.3
169.	Congo	18.9
170.	Niger	17.6
171.	Madagascar	17.4
172.	Mozambique	17.3
173.	Guinea-Bissau	16.7
174.	Gambia	16.6
175.	Indonesia	16.2
176.	India	16.0
177.	Somalia	15.8
178.	Chad	15.6
179.	Afghanistan	15.1
180.	Uganda	14.8
181.	Kenya	14.3
182.	Burkina Faso	14.1
183.	Rwanda	13.7
184.	Zambia	13.0
185.	Burundi	12.9
186.	Central African Republic	12.9
187.	Cambodia	11.3
188.	Dem. Republic of the Congo	9.1
189.	Nepal	8.4
190.	Sri Lanka	7.4
191.	Viet Nam	6.4
192.	Bangladesh	6.1
193.	Ethiopia	5.6
194.	Eritrea	4.4

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The image shows the Ikea logo, which consists of the word "IKEA" in a bold, blue, sans-serif font. The letters are contained within a yellow oval shape. The background is a solid blue color.

IKEA



Wikileaks?

Conspiracy!



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Limit one per customer. Offer valid for one small breakfast (value 99¢) and one cup of coffee (value 99¢). Offer not valid at IKEA Hicksville, IKEA Houston and IKEA Direct. See IKEA store for details.

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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.

FOOD
navigatorjobs

[Senior Nutritionist](#)

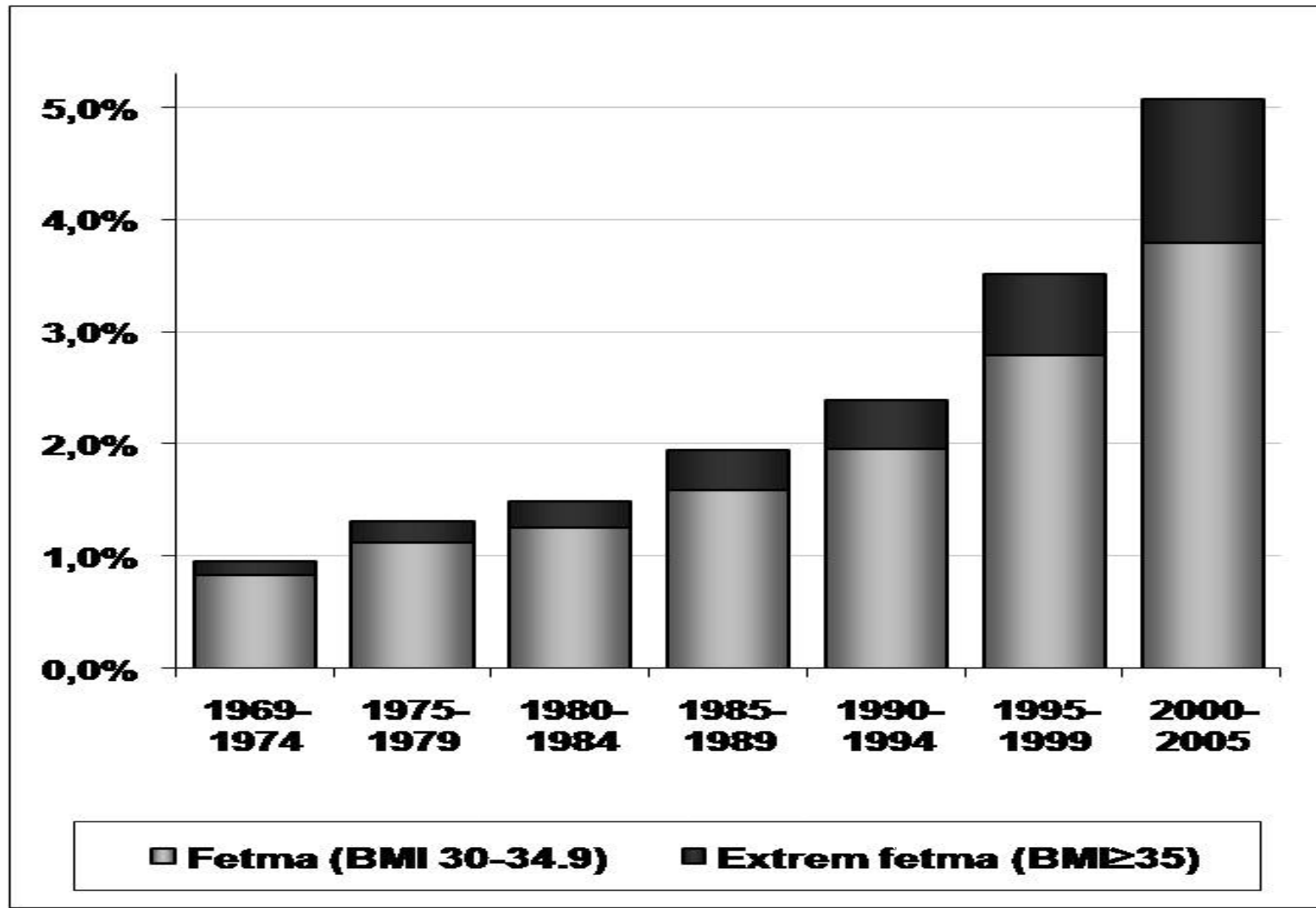
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[Senior Engineering Manager \(Outside the EU\)](#)

SEARCH JOBS



Trends in morbid obesity: Sweden



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)

Women in UK over 16y: BMI > 30

1993

16%

2004

24%

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

Why Mothers Die 2000 - 2007



Report on confidential enquiries into maternal and child deaths

Confidential Enquiry into Maternal and Child Health



Saving Mothers' Lives

Reviewing maternal deaths to make motherhood safer: 2006-2008

Volume 118, Supplement 1, March 2011

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



CMACE

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

BJOG
An International Journal of
Obstetrics and Gynaecology



WILEY-BLACKWELL

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/m^2 or more, or between 35 kg/m^2 and 40 kg/m^2 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/m^2 in whom surgical intervention is considered appropriate.



Sweden to prescribe exercise to battle youth obesity

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

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



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Stockholm Meeting

Results Archive provided by All-Athletics.com

Content

Men's 5000m - 04.07.1983

Final

Pl.	Athlete	Nat.	Birth	Result
1.	António LEITAO	POR	60	13:24.62
2.	Christoph HERLE	FRG	55	13:25.73
3.	Adrian ROYLE	GBR	59	13:26.19
4.	Jef GEES	BEL	56	13:26.61
5.	Ezequiel CANÁRIO	POR	60	13:30.43
6.	Richard TOWEI	KEN	54	13:30.60
7.	Mark SCRUTTON	GBR	60	13:34.74

Men's 5000m - 06.07.1982





THEN



"I'll be back!"

NOW



"Oh, my back!"

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](#)

 Share 9

 Tweet 0

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](#)

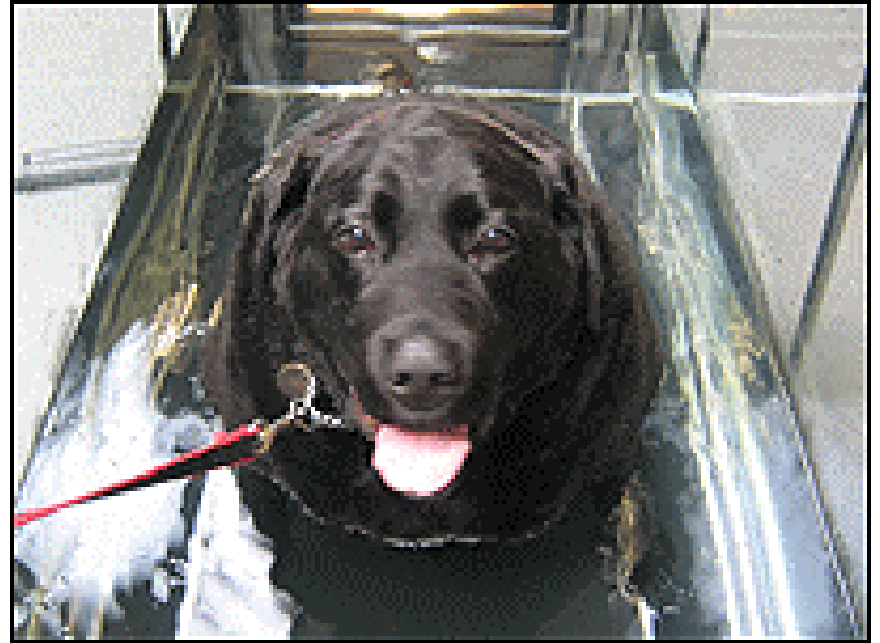


Two brothers who allowed their pet labrador to become "hugely and grossly" overweight were today found guilty of causing unnecessary suffering to an animal.

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

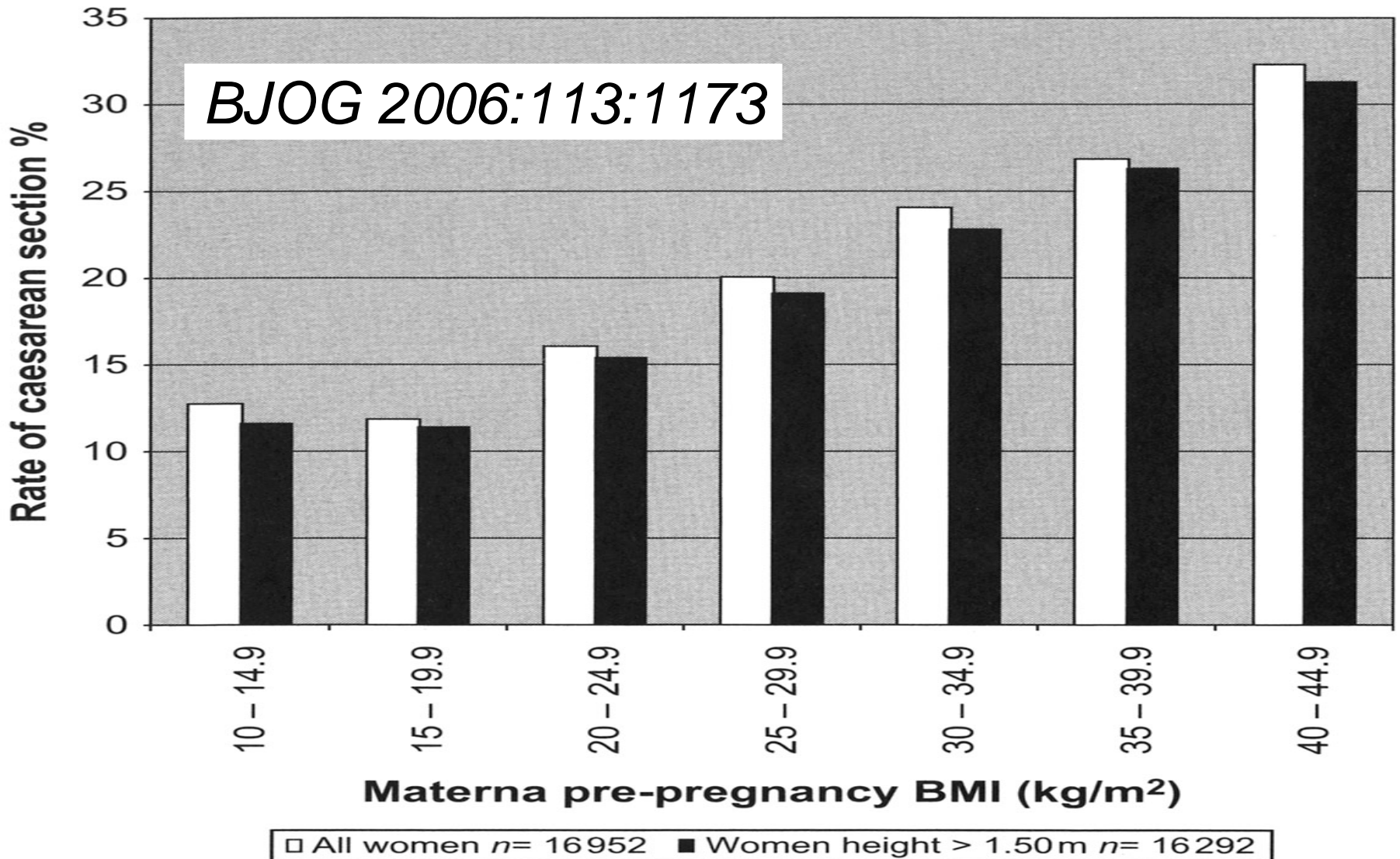
Obstetric outcome in diabetes

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

Obesity and Caesarean Section



Other complications

North West Thames, London database

287,213 pregnancies

27.5% overweight, 11% obese

↑ wound infection

↑ PPH

↑ hospital stay

↓ breast feeding

Obesity and VBAC

If BMI > 30

50% less likely to be successful

Compared to women with normal BMI

Obstet Gynec 2005;106:741

boyzilla!

n at

four

nim

oor

d air



Miss Ellerton

her's pelvic
midwives to

st but they
cy and only
'how much
n,' said the
ee litres of
if they had
would have

everyone in
e the baby.
ed by him.
aby clothes
bert had to
es for a six-
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

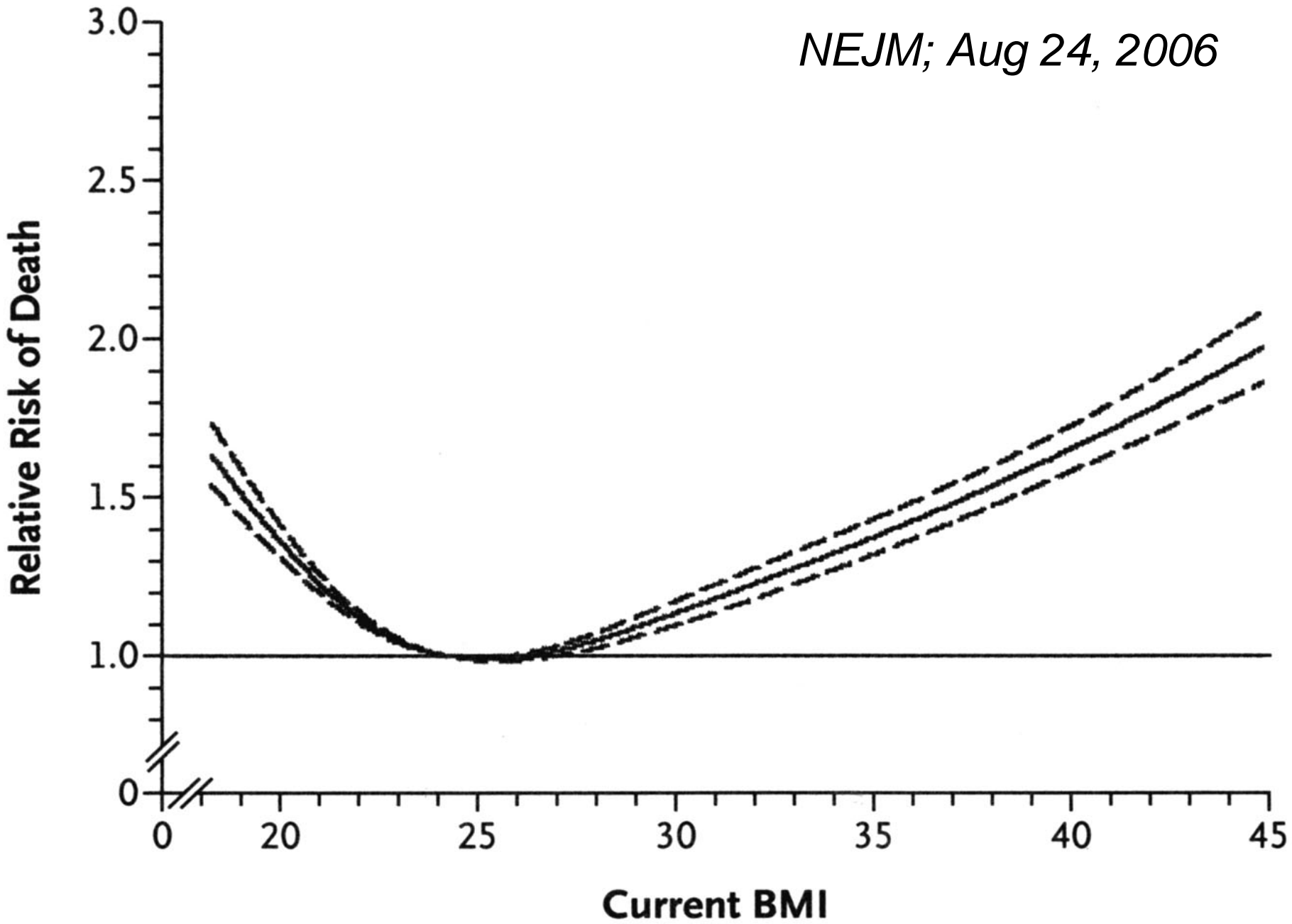
gall stones

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*

Mark Pyke, MBBS, BSc, FRCA, is
Consultant Anaesthetist Southmead
Hospital, Bristol and....

Lead Anaesthetist for Bariatric
Surgery at Southmead Hospital and
the Avon Obesity service



CMACE/RCOG Joint Guideline

Management of Women with Obesity in Pregnancy

March 2010

BMI >35:

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

Obesity Audit: February-March 2008

Total operations BMI > 40	18
<i>(CS 15, TOF 1, MROP 1, Tear 1)</i>	
Consultant in theatre	6
'ST 6 in theatre	1
'Junior' in theatre	11

Griffin, Scrutton, 2008

Obesity: antenatal assessment

Antenatal anaesthetic clinic

BMI > 35kg/m²

BMI > 40kg/m²

History and clinical examination

Airway assessment

Assessment for regional anaesthesia

Education

Why do I need to see an anaesthetist during my pregnancy?

Information for pregnant women
with a high Body Mass Index (BMI)

Obesity: antenatal assessment

Regular measurement of weight/BMI

Shared care

Plan thromboprophylaxis

Obesity: antenatal assessment

Mode of delivery – obstetric decision

Allow to labour spontaneously

.....avoid induction of labour



SCHEDULE

Requirements of a successful nursing assistant program

3

Labour: practicalities

“NOT FOR CATEGORY 1 CS”

Labour: practicalities

“NOT FOR CATEGORY 1 CS”



Labour: practicalities

Antacid prophylaxis

Clear/isotonic fluids only

Avoid parenteral opioids

Epidural analgesia

Early epidural?

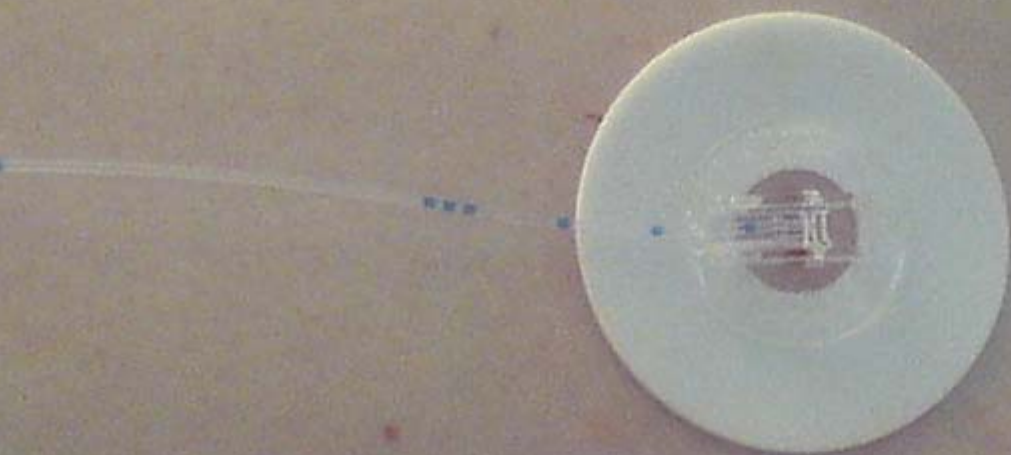
Effective

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

Anaesthesia: practicalities

Consultant led:

CEMACH 2003-5

‘morbidly obese women should not be anaesthetised without direct consultant supervision..’

St Michaels: Feb-March 08

Total operations BMI > 40	18
Consultant in theatre	6
Cons/SR in building	5
Solo trainee	7

Anaesthesia: practicalities

Consultant led

Venous access

Probe Positioned Over Deep Arm Vein: Short Axis View

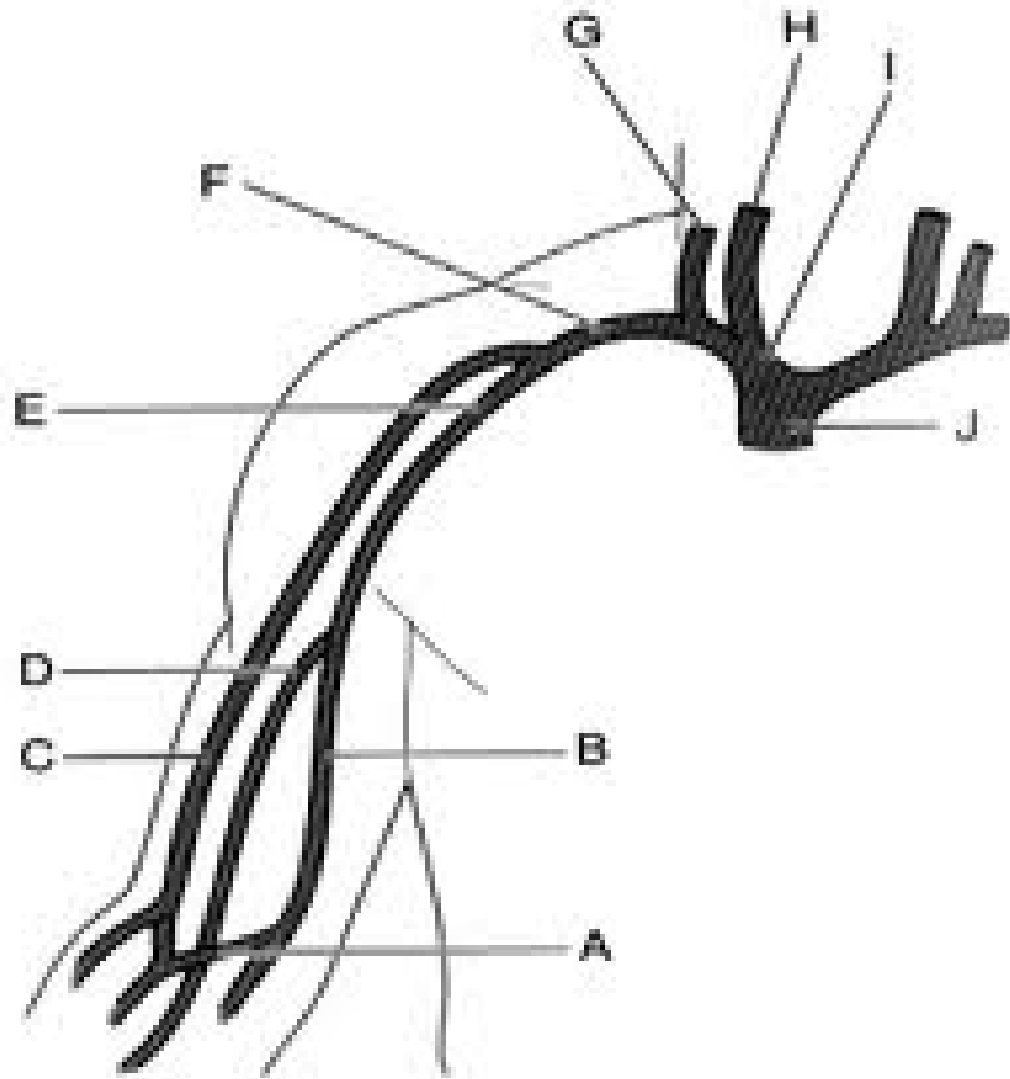
Probe Marker
to Left

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

Equipment

Anaesthesia: practicalities

E·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°

Steel
Front roller direction
All rollers
Rear roller direction







Regional or GA?



PERI-OPERATIVE MANAGEMENT OF THE MORBIDLY OBESE PATIENT

Published by
The Association of Anaesthetists of Great Britain and Ireland,
21 Portland Place, London W1B 1PY
Telephone 020 7631 1650 Fax 020 7631 4352
www.aagbi.org

June 2007



PERI-OPERATIVE MANAGEMENT OF
THE MORBIDLY OBESE PATIENT

Published by
The Association of Anaesthetists of Great Britain and Ireland
21 Portland Place, London W1B 1PF
Telephone: 020 7611 1650 Fax: 020 7611 4152
www.aagb.org

June 2007

Regional Anaesthesia

The use of regional anaesthesia in the morbidly obese patient and avoidance of general anaesthesia is a tempting prospect. However, attempts at successfully achieving this may be doomed to failure due to the size of the patient.

The most important thing for a successful regional anaesthetic block is an experienced anaesthetist! This is even more important for the obese patient. If the anaesthetist does not perform regional blocks regularly, then the best thing to do is to request the help of an experienced regional anaesthetist when faced with a patient like this.

Regional anaesthesia



Positioning for regional analgesia



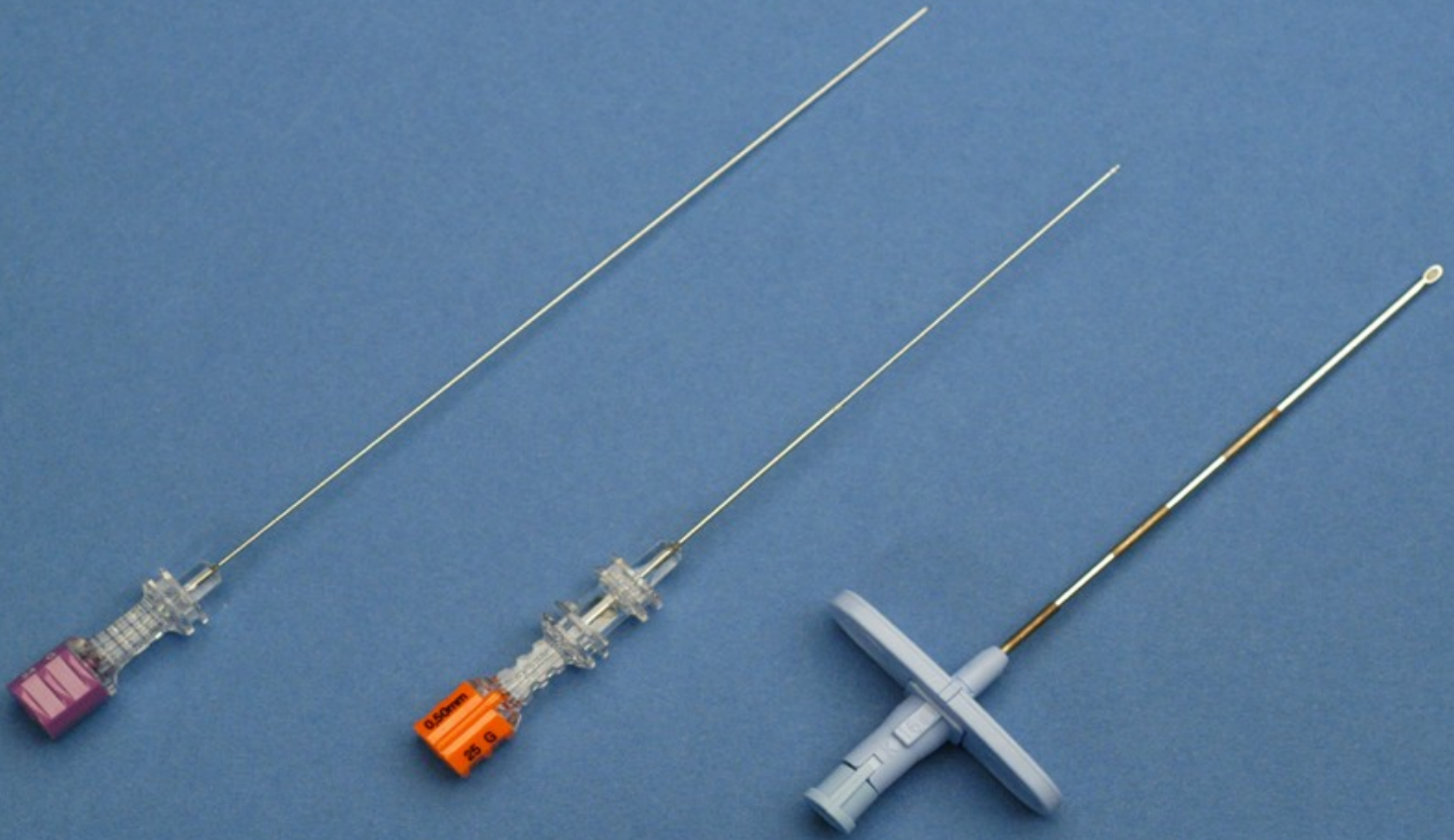
Lucien Freud







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

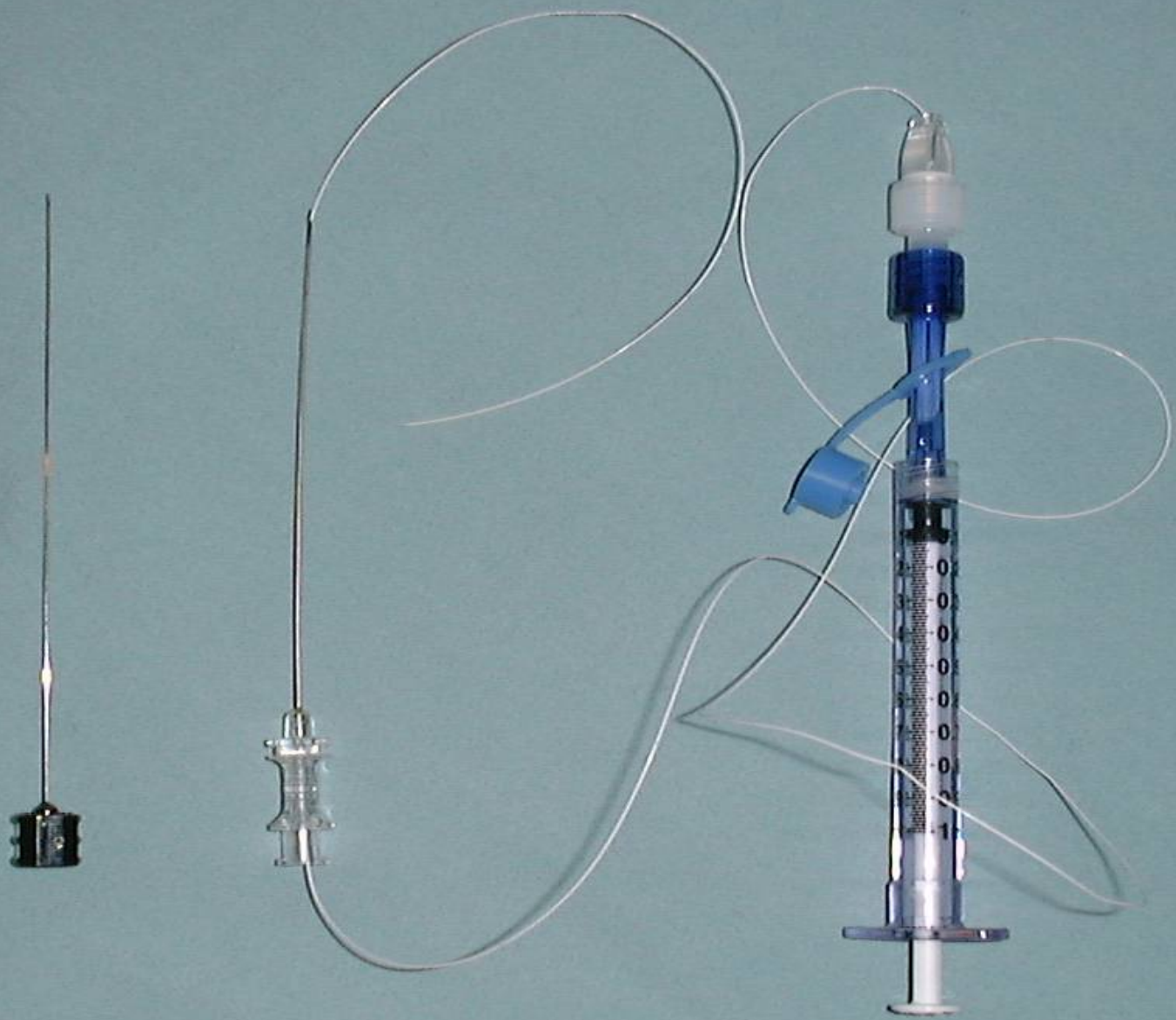
Spread of anaesthesia

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

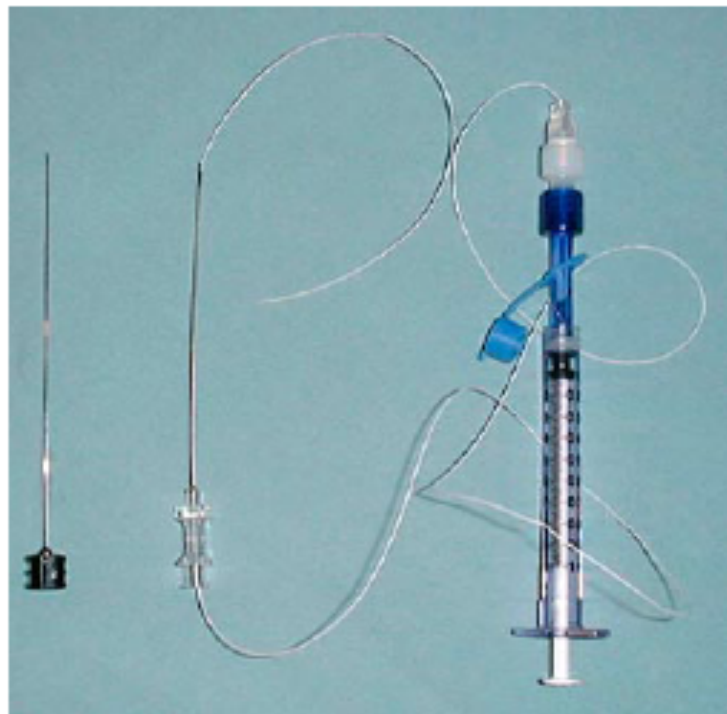
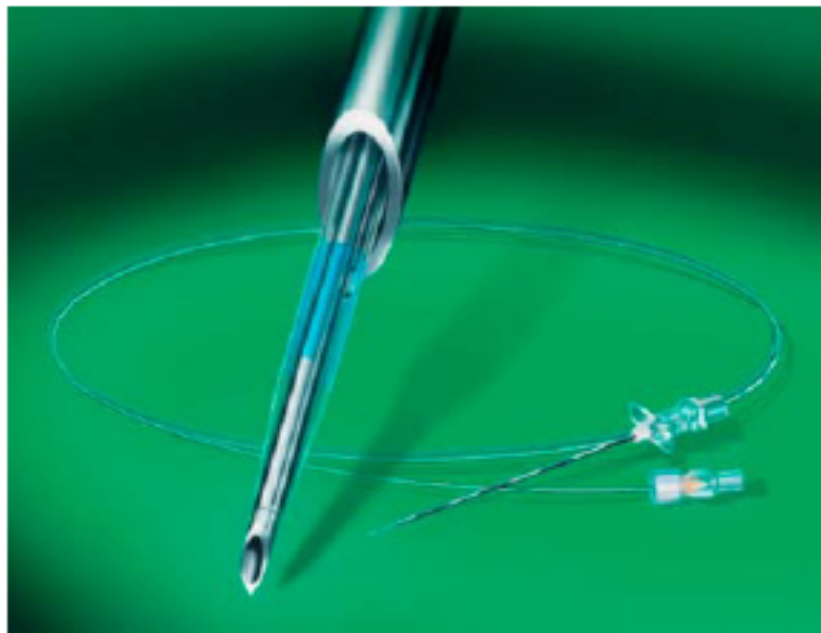


Fig 2:
Braun Spinocath® system:
22G Catheter over needle



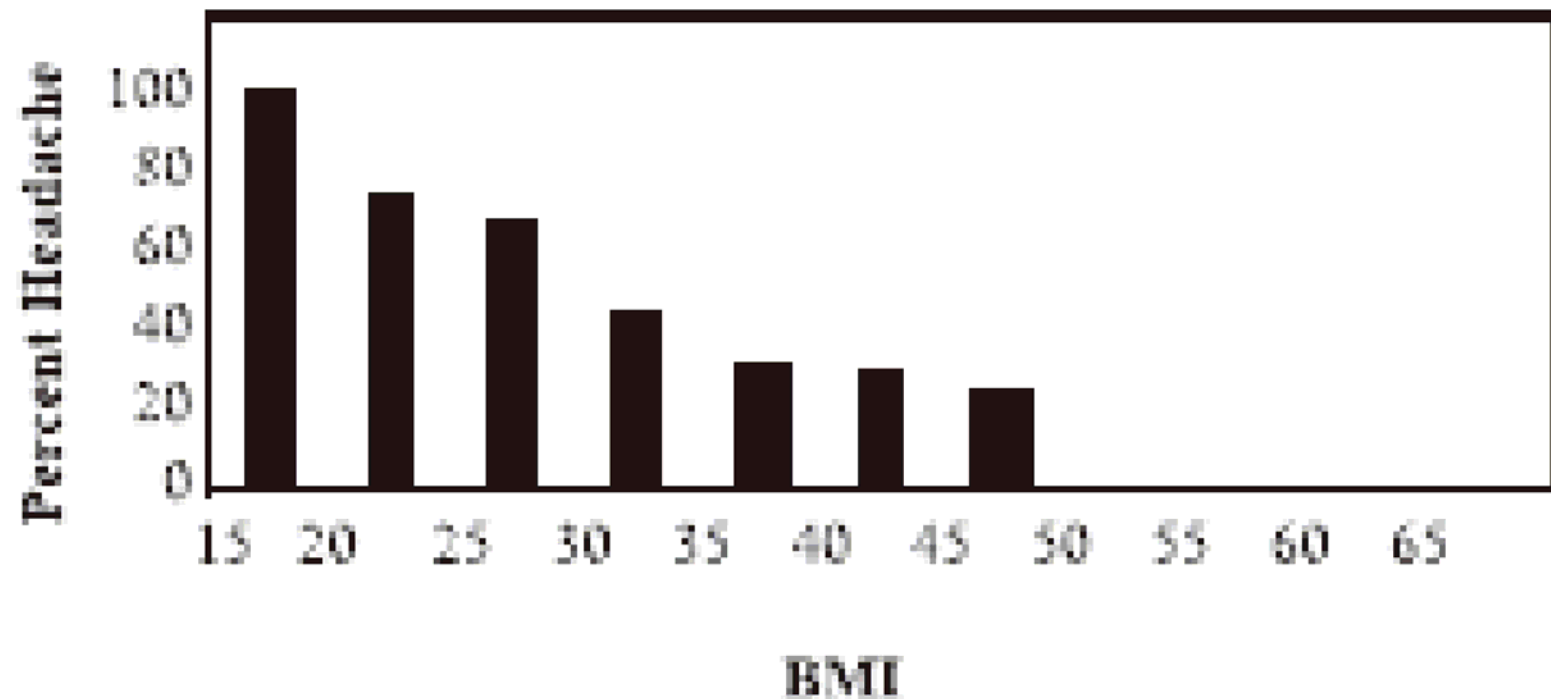
Deliberate dural puncture with
tuohy needle?

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

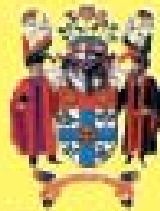
Airway oedema

Chin to Chest distance

Range of head and neck movement

Two anaesthetists

Awake fiberoptic intubation



The Royal College
of Anaesthetists



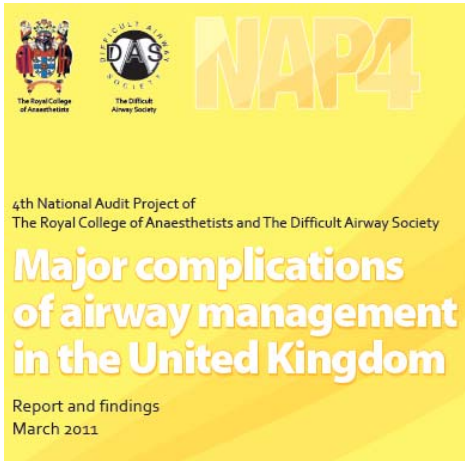
The Difficult
Airway Society

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.







PLEASE!
KEEP THESE
DOORS
CLOSED
AT ALL TIMES



CANTON
DURA-CHEST
REF-277
25.97.08

Obesity and General Anaesthesia



Obesity and general anaesthesia

Fetal distress can be an ethical dilemma

Mother must not be endangered to deliver a distressed fetus

NOT for 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



