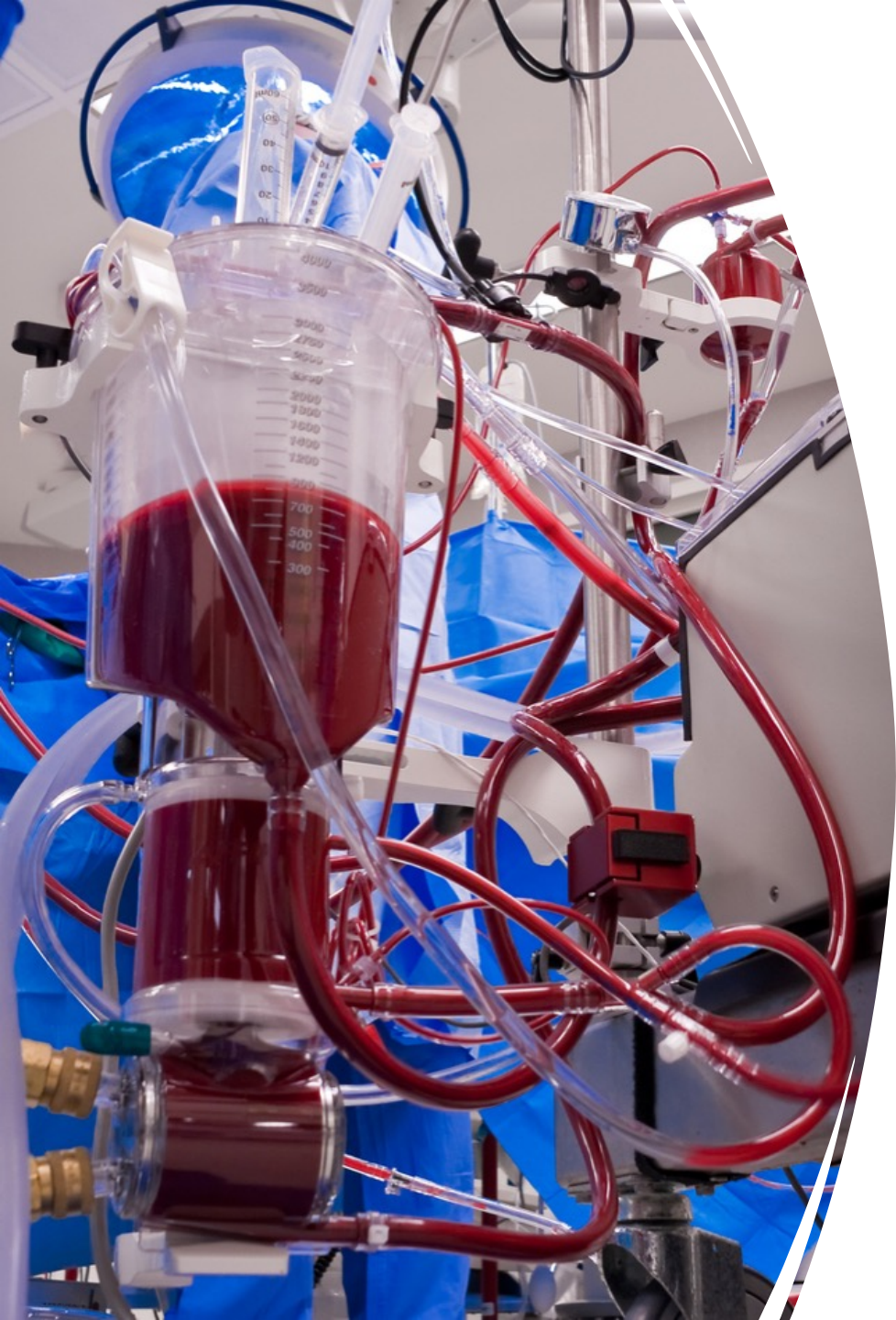


Obstetrisk anesthesi och hjärtsjukdom

Sabina C Andersson

VÖL Op1

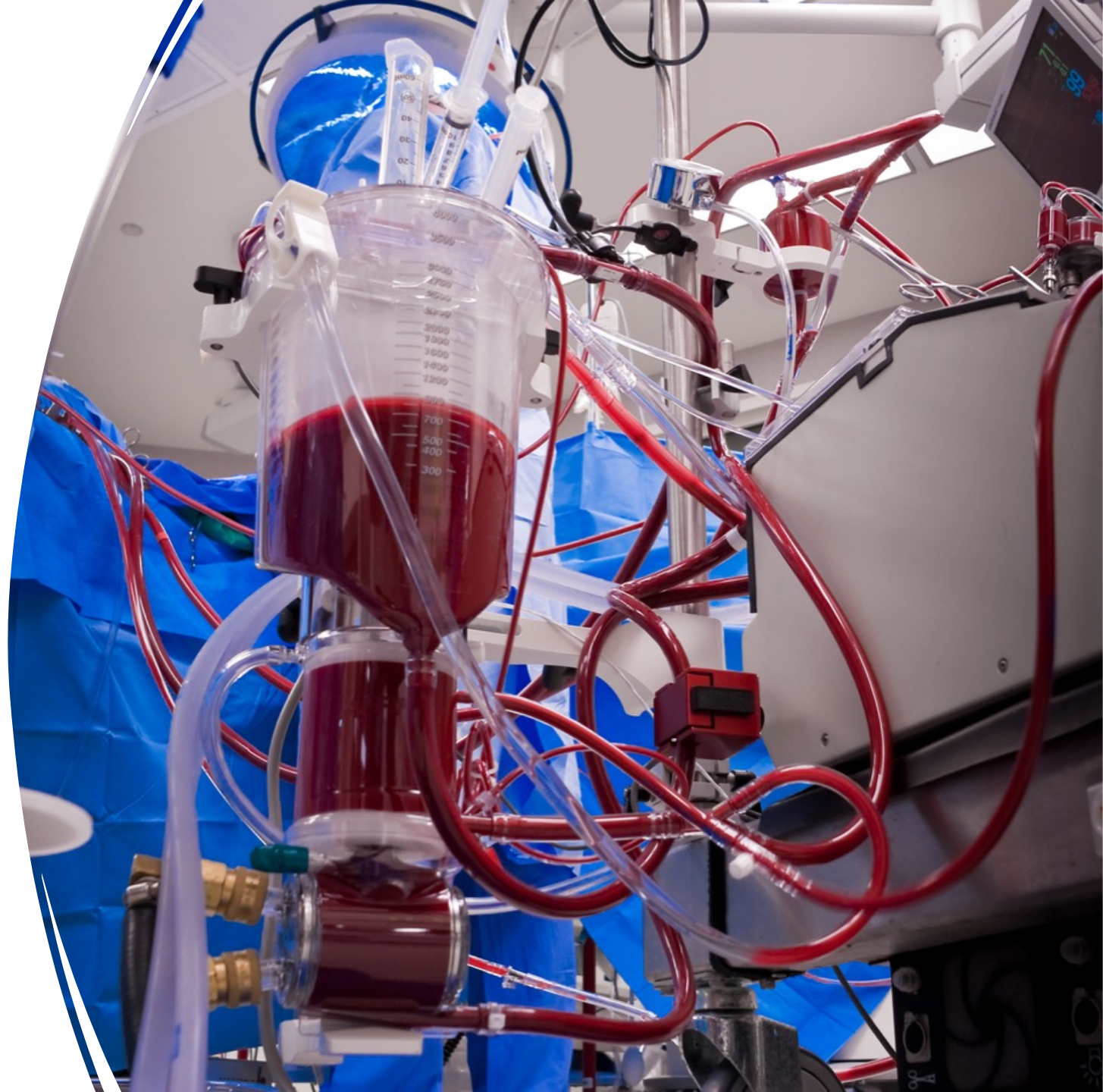
Sahlgrenska Universitets Sjukhuset Östra Sjukhuset



Vad behövs?

Vad behövs?

- Artärnål?
- CVK?
- 5 avl?
- PICCO?
- Hjärtlungmaskin?
- PA-kateter?
- Kont TEE?
- Kardiolog på sal?



Vem är din patient? Vad kan hända?

Flöden

Ischemi

Läkemedel

Arytmier

Flöden/ Hemodynamik

- Shuntar?
- Låg tryck?
- Högtryck?
- Systemkammare?
- Kan shunten vända?
- Stenoser?

Risk för ischemi

- Stentar?
- Stenoser?
- Kärlanomaliier?

Läkemedel

- **Oxytocin – ischemi? Bara lite ST-förändringar?** *Försiktighet: vid ischemisk hjärtsjukdom, arytmibenägenhet.
Observandum: Antidiuretisk effekt, försiktighet vid preeklampsi, hypovolemi och lågt systoliskt BT.*
- **Methergin** - *Kontraindikationer: Preeklampsi, hypertoni, lever-, njur- och hjärt-kärlsjukdom*
- **Prostinfenem** - *Kontraindikation: Astma, kan orsaka bronkospasm.*
- **Cytotec** - *Kontraindikation: Svår hjärtsjukdom. Olämpligt vid sänkt medvetande.*
- **Antikoagulation – fönster för spinal/EDA**

Arytmier

- FF
- VT
- Suturrader
- Läkemedelsbiverkan
- Hypo/hypervolemi
- ischemi

Förlossningsplan



WHO

Risk Classification	Cardiac Lesions
Class I No detectable increased risk of maternal mortality and no or minimal increase in maternal morbidity	<ul style="list-style-type: none">• Uncomplicated mild pulmonary stenosis• Ventricular septal defect• Patent ductus arteriosus• Mitral valve prolapse with no more than trivial mitral regurgitation• Successfully repaired simple lesions (atrial or ventricular septal defect, patent ductus arteriosus, anomalous pulmonary venous drainage)• Isolated ventricular extra-systoles and atrial ectopic beats• Unrepaired atrial or ventricular septal defect• Repaired tetralogy of Fallot• Most arrhythmias• Hypertrophic cardiomyopathy• Native or tissue valvular heart disease not considered Modified World Health organization I or IV• Repaired coarctation• Marfan syndrome without aortic dilatation• Bicuspid valve with aorta <45 mm• Mild ventricular impairment• Heart transplantation• Mechanical valve• Systemic right ventricle• Fontan circulation• Unrepaired cyanotic heart disease• Other complex congenital heart disease• Marfan syndrome with aorta 40–45 mm• Bicuspid aortic valve with aorta 45–50 mm• Pulmonary hypertension• Eisenmenger syndrome• Systemic ventricular ejection fraction <30%• Systemic ventricular dysfunction with New York Heart Association class III–IV• Severe mitral stenosis or symptomatic aortic stenosis• Marfan syndrome with aorta >45 mm• Bicuspid aortic valve with aorta >50 mm• Native severe coarctation• Previous peripartum cardiomyopathy with any residual impairment of ventricular function
Class II Small increased risk of maternal mortality or moderate increase in morbidity	
Class II-III Moderate increased risk of maternal mortality or morbidity	
Class III Significantly increased risk of maternal mortality or severe morbidity, and expert cardiac and obstetric pre-pregnancy, antenatal, and postnatal care are required	
Class IV Pregnancy is highly discouraged	

<https://pubs.asahq.org/view-large/figure/1698293/27TT01.tif> 20241020

WHAT

Vaginalförlossning

- Övervakning POX/telemetri
- EDA

Sectio

- Spinal
- Spinalkateter
- EDA

WHEN



WHEN

- För barnet helst efter v 39
- NYHA-klass
- antikoagulation

WHERE

- Vad behövs? Regionsjukhus eller Universitetssjukhus
- Specialkunskap inom
 - Obstetrik?
 - Koagulation?
 - Anestesi och eller IVA?
 - Thorax?
 - Intervention

HOW

- Sectio
- Vaginalförlossning

Referenser

REVIEW ARTICLE

ANESTHESIOLOGY

Obstetric Anesthesia and Heart Disease: Practical Clinical Considerations

Marie-Louise Meng, M.D., Katherine W. Arendt, M.D.
ANESTHESIOLOGY 2021; 135:164–83

Maternal mortality is increasing in the United States, and cardiovascular disease is now the leading cause.^{1,2} According to the Centers for Disease Control and Prevention, cardiovascular disease is currently responsible for one-quarter of maternal deaths in the United States and similar trends are occurring in other high-income countries.^{2–4} These trends may be a result of an increasing average age of maternity during the last 4 decades, compounded by increases in known risk factors for cardiovascular disease such as diabetes, hypertension, and obesity.^{5–7}

With improvements in the surgical and medical management of congenital heart disease, the number of women with congenital heart disease who survive to childbearing years and present to labor and delivery units in the United States has increased.⁸ The European Society of Cardiology's Registry of Pregnancy and Cardiac Disease has recorded more than 5,700 pregnancies in women with cardiovascular disease, 57% of whom had congenital heart disease. Based on the Registry of

Originaly Published 13 February 2023

Anesthetic Care of the Pregnant Patient With Cardiovascular Disease: A Scientific Statement From the American Heart Association

Marie-Louise Meng, MD, PhD; Katherine W. Arendt, MD; Jennifer M. Braggins, MD; Eliza A. Bradley, MD; Arthur J. Vaughn, MD; John B. Stansel, MD; John Harris, MD, PhD; C-CEM; Benjamin Bryant, MD; and Lamin S. Mezzo, MD, FAHA, Vice Chair on behalf of the American Heart Association Council on Cardiovascular Surgery and Anesthesia, Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation, and Council on Peripheral Vascular Disease

21 623 / 23

Överblick > **Obstetrik och gynekologi** > Postpartumbildning (Blödning i samband med förlossning)

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Reviderad: 2024-08-28

Postpartumbildning (Blödning i samband med förlossning)

Handläggning av blödning efter förlossning.

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