

# **Less Commonly Performed Procedures in Obstetric Anaesthesia - a Survey of Current Practice**

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## **Introduction**

Whilst the obstetric anaesthetist will perform a number of procedures regularly, often with well established guidelines to aid their practice, there are several less commonly performed obstetric interventions requiring anaesthetic involvement. It is two such procedures; artificial rupture of membranes (ARM) in theatre, and external cephalic version (ECV), for which we sought to ascertain current practice.

## **Method**

An online survey was distributed to hospitals across the West of Scotland. All grades of anaesthetist were invited to participate.

## **Results**

90 anaesthetists completed the survey. 53 were consultants, and the majority of respondents had regular elective or on call sessions covering maternity.

71% commented on their experiences with theatre ARM. 77% would not usually administer anaesthesia in the first instance, being ready to do so if required. 81% of cases ultimately required no intervention. Interestingly, regional, rather than general, anaesthesia was chosen on the occasions no block had been prophylactically administered.

ECVs were less commonly encountered, with 30% of our respondents having performed one. Entenox and/or opiate was most frequently administered, followed by spinal anaesthesia.

## **Discussion**

Anaesthetic guidelines for ARM in theatre are somewhat lacking. However, the ability to safely and reliably administer anaesthesia for a caesarean section rapidly, if required, is the main prerequisite. Evidently, methods of doing so vary.

While there is some evidence that administration of regional anaesthesia improves success rates of ECV<sup>1</sup>, neuraxial blocks are themselves clearly not without risks.<sup>2</sup>

It is therefore emphasised that decisions are made with due consideration given to the particular patient and clinical situation, with trainees advised to have a low threshold for consultant involvement.

## **References**

1. Effect of regional anesthesia on the success rate of external cephalic version: a systematic review and meta-analysis. Goetzinger KR1, Harper LM, Tuuli MG, Macones GA, Colditz GA. *Obstet Gynecol.* 2011 Nov;118(5):1137-44. doi: 10.1097/AOG.0b013e3182324583
2. National Audit Project 3. Major Complications of Centeal Neuraxial Blocks in the United

Kingdom. January 2009.