

An Audit Assessing Peri-Operative Management of Patients Presenting for Elective Caesarean Section

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Introduction

A survey circulated by the OAA focussed on principles of enhanced recovery within UK obstetric units. This audit assessed local practice regarding pre-operative fasting, mobilisation, analgesia and anti-emetic prescribing.

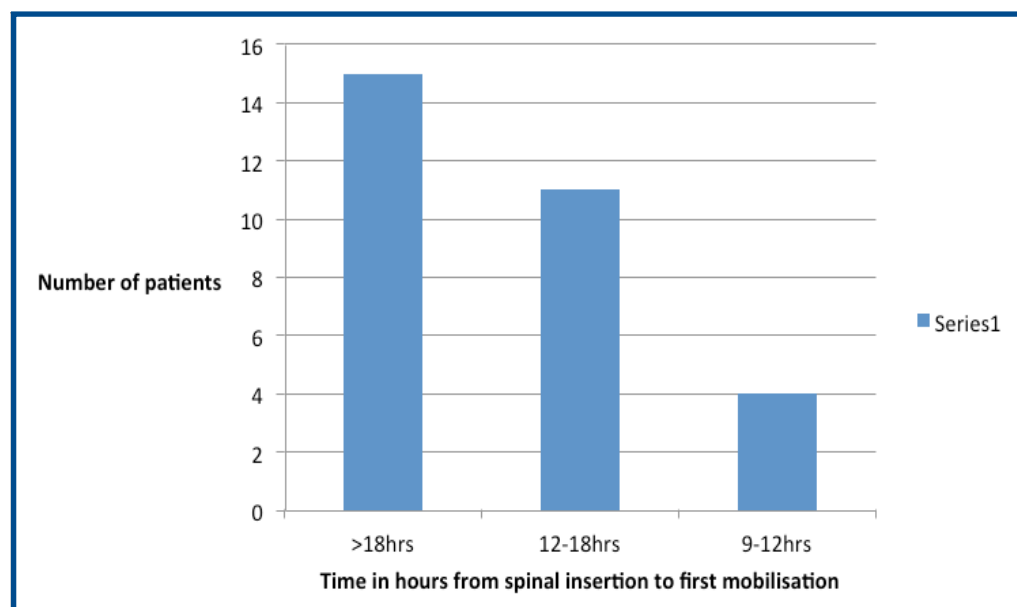
We audited all elective caesarean sections over a two-week period. Data was collected from thirty patients.

Methods

Fasting questions included:

- 1) Did the patient recall being given information?
- 2) What information did they recall?
- 3) Was recall consistent with current guidance?
- 4) Had they taken fluids or diet appropriately?

We also assessed time in hours from a spinal being sited to the patient's first mobilisation. In addition, prescription of analgesia and anti-emetics in accordance with local guidelines was audited.

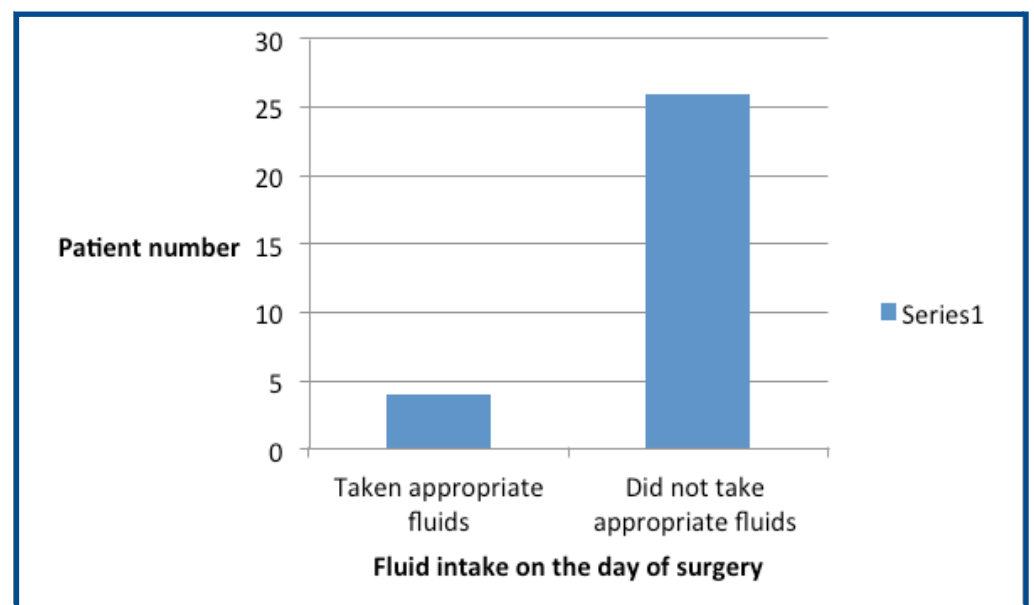


Results

While all patients recalled being given fasting information, content varied. Ten (33%) reported being given a leaflet, 19 (63%) recalled verbal information and one could not remember. Three (10%) patients recall of information was consistent with current guidelines and only 4 (13%) patients had taken fluids appropriately on the day of surgery.

Regarding mobilisation, fifteen (50%) patients waited more than 18 hours, eleven (37%) waited between 12-18 hours and the remaining four patients mobilised between 9-12 hours post spinal insertion.

Twenty-nine (97%) patients were prescribed appropriate analgesia. All patients were prescribed appropriate anti-emetics.



Discussion

Results suggest most patients are fasted excessively. This has implications for post spinal hypotension, phenylephrine use and DVT risk. Results showing prolonged immobilisation, in addition to practical restraints, is an additional risk factor for DVT in an at risk population.