

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

*R. Foye; L. Young; G. Peters
Wishaw General Hospital*

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 ECV¹, neuraxial blocks are themselves clearly not without risks.²

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.