

# Antepartum point-of-care gastric ultrasound in fasted obstetric patients undergoing non-delivery surgical procedures

Department of Anesthesiology, Pain and Perioperative Medicine  
Brigham and Women's hospital, Harvard Medical School

**Saranya Lertkovit MD**, Bushra W. Taha MD, Jean M. Carabuena MD, Noor Raheel MD, Michaela K. Farber MD MS



# Introduction: Aspiration Risk During Pregnancy



- Enlarging uterus → compresses the stomach
- Hormone changes → relaxation of lower esophageal sphincter, gastroesophageal reflux



**What is the risk of aspiration in obstetric patients undergoing anesthesia for non-delivery procedures?**



**Goal: evaluate gastric contents in *fasted obstetric patients* undergoing non-delivery procedures.**

# Materials and Methods



## Prospective cohort study

- $\leq 24$  weeks' gestation
- Scheduled, non-delivery obstetric procedures

## Fasting Definition

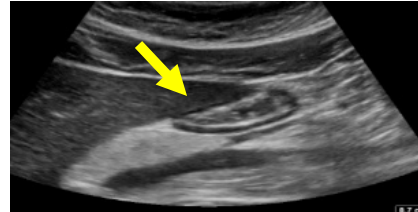


6-8 hours for solid food

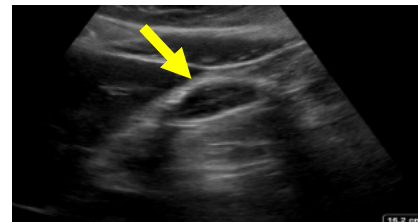


2 hours for liquids

## Empty



## Fluid



## Solid



## Calculations:

Gastric Antral Cross-Sectional Area (CSA)  
Gastric Volume (GV)

$$CSA (cm^2) = \frac{\pi \times D1 \times D2}{4}$$

$$GV (ml/kg) = 27 + 14.6 \times (RLD-CSA) - 1.28 \times (age)$$



**LOW RISK (LR)**  
 $GV \leq 1.5 \text{ mL/Kg}$

**HIGH RISK (HR)**  
 $GV > 1.5 \text{ mL/kg}$   
Solid food

Reliability? Inter-observer variability

Associated factors? Logistic regression

# Results



99 patients enrolled

- 78 dilatation and evacuation or curettage
- 19 cerclage placement

Intra-observer variability  $16\% \pm 15$

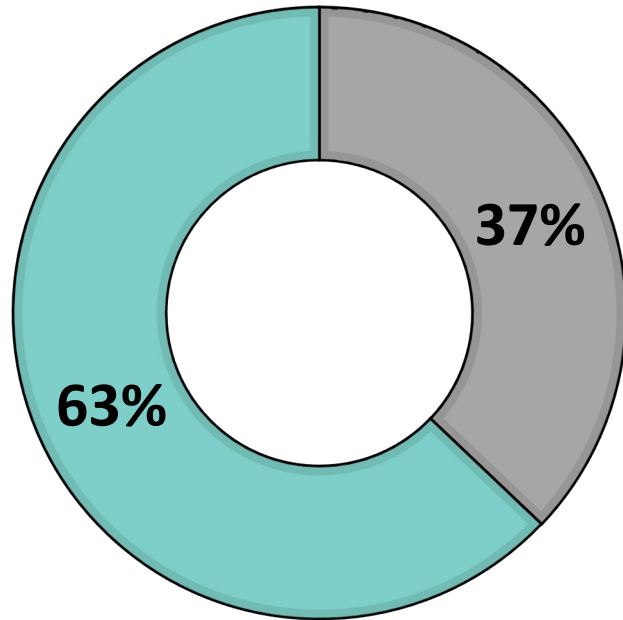
|                                   | Grade 0<br>n = 18 | Grade 1<br>n = 28 | Grade 2<br>n = 10 | Solids<br>n = 41 | All<br>n = 97 |
|-----------------------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Age, years                        | 32 (6)            | 33 (5)            | 33 (5)            | 32 (6)           | 33 (6)        |
| BMI $\geq 40$ , kg/m <sup>2</sup> | 2 (22)            | 2 (22)            | 2 (22)            | 2 (22)           | 9 (9)         |
| Gest. age, weeks                  | 11.2 (3)          | 12.8 (5)          | 11.5 (5)          | 10.9 (5)         | 11.6 (4)      |
| 1 <sup>st</sup> trimester         | 10 (17)           | 14 (24)           | 7 (12)            | 27 (47)          | 58 (60)       |
| 2 <sup>nd</sup> trimester         | 8 (21)            | 14 (36)           | 3 (7)             | 14 (36)          | 39 (40)       |

|  | Grade 0<br>n = 18 | Grade 1<br>n = 28 | Grade 2<br>n = 10 | Solids<br>n = 41 | All<br>n = 97 | P-value |
|--|-------------------|-------------------|-------------------|------------------|---------------|---------|
| Fasting, solids (hours)                  | 14 (3.7)          | 14 (2.6)          | 17 (4.1)          | 14 (3.1)         | 14 (3.3)      | 0.049   |
| Fasting, liquids (hours)                 | 7 (5.4)           | 8 (5)             | 7 (3.8)           | 9 (5.2)          | 8 (5)         | 0.493   |
| Gastric antral CSA<br>(cm <sup>2</sup> ) | 4.9 (1.4)         | 8.9 (3.2)         | 12.2 (4.5)        | NA               | 8.2 (3.9)     | <0.0001 |
| Predicted GV (mL)                        | 55.7 (19.1)       | 114.9 (46.0)      | 163.1<br>(66.4)   | NA               | 104.5 (57.7)  | <0.0001 |
| Predicted GV (mL/kg)                     | 0.8 (0.3)         | 1.5 (0.5)         | 2.0 (0.8)         | NA               | 1.4 (0.7)     | <0.0001 |

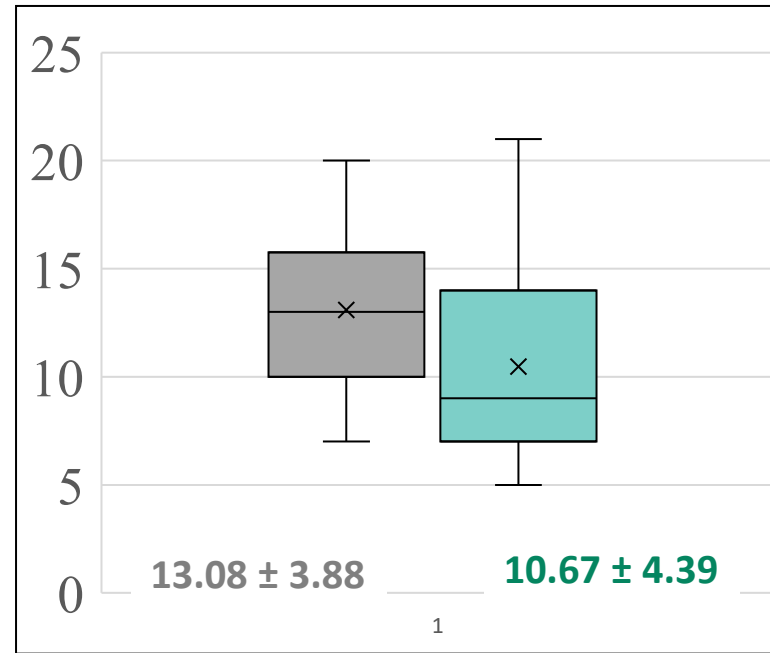
# Results: Aspiration Risk



## Overall

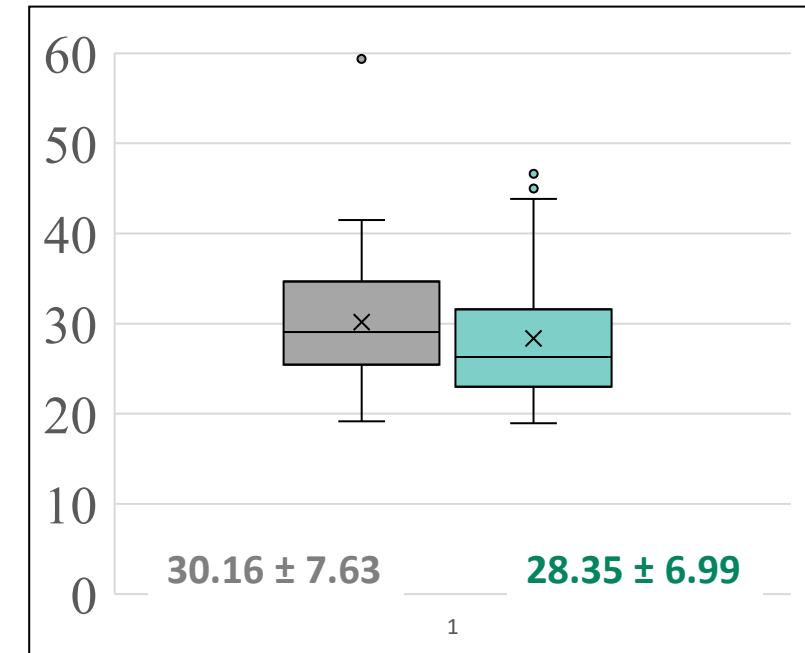


## Gestational Age (weeks)



OR = 0.64, CI = 0.41–1.02,  $p \approx 0.05$

## Body Mass Index (kg/m<sup>2</sup>)



OR = 0.32, CI = 0.109–0.95,  $p < 0.05$

- Low Risk (GV ≤ 1.5 mL/kg)
- High Risk (GV > 1.5 mL/kg or solid contents)

# Conclusions: Pre-procedural Gastric Ultrasound



1

A majority of patients had 'full stomach' by current GUS guidelines, **despite compliance with preoperative fasting guidelines.**

2

Gastric ultrasound may allow us to **plan our anesthetics with increased safety** for fasted obstetric patients who are at higher risk for aspiration.