

# Anesthesia considerations for twin c-section affected by maternal super-morbid obesity

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# Patient

Patient is a 31yo G5P0040 female presented at 30w6d gestation with a dichorionic diamniotic twin pregnancy

# Pregnancy Complications

Pregnancy was complicated by class IV obesity (BMI 81.95), chronic hypertension with superimposed preeclampsia, and gestational diabetes mellitus. Patient also had severe obstructive sleep apnea managed with CPAP.



# Hospital Course

Early delivery planned by MFM at 36 weeks gestation

**At 31 weeks gestation:** preoperative consult during which a Mallampati II airway was noted along with active use of CPAP machine. Combined spinal-epidural anesthesia with intrathecal morphine was recommended.

# Delivery

At 32 weeks gestation, due to worsening severe preeclampsia, the patient promptly underwent a cesarean section.

Patient was placed in a ramped position and respirations were supported by her CPAP machine with difficult airway equipment on standby. She had sufficient IV access with a 20 gauge midline and second peripheral 18 gauge. The c-section was performed to plan and both babies were delivered.

# Clinical Considerations

***This case demonstrates the importance of establishing an anesthetic technique that takes into account the comorbidities in a super obese pregnancy.***

## Preoperative Preparations

- Thorough interviewing of patients
- Performing a detailed physical exam
- Obtaining pertinent labs and studies
- Interdisciplinary communication and collaboration
- Preparing necessary equipment

Optimization of co-morbidities will ensure a smooth intra and post operative course.

## Post-Operative Management

### Respiratory Monitoring

- Continuous pulse oximetry
- CPAP availability

### Multimodal pain management

### Monitoring for other complications associated with obesity:

- Postpartum hemorrhaging
- Thromboembolic disease

***Due to a thorough preoperative assessment, strong interdisciplinary communication, multimodal pain management, and postoperative vigilance, the patient had a safe and successful delivery and postoperative course.***

