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Anesthetic Management with Continuous Spinal Anesthesia for Cesarean Section in a Pregnant Woman with a Giant Uterine Fibroid

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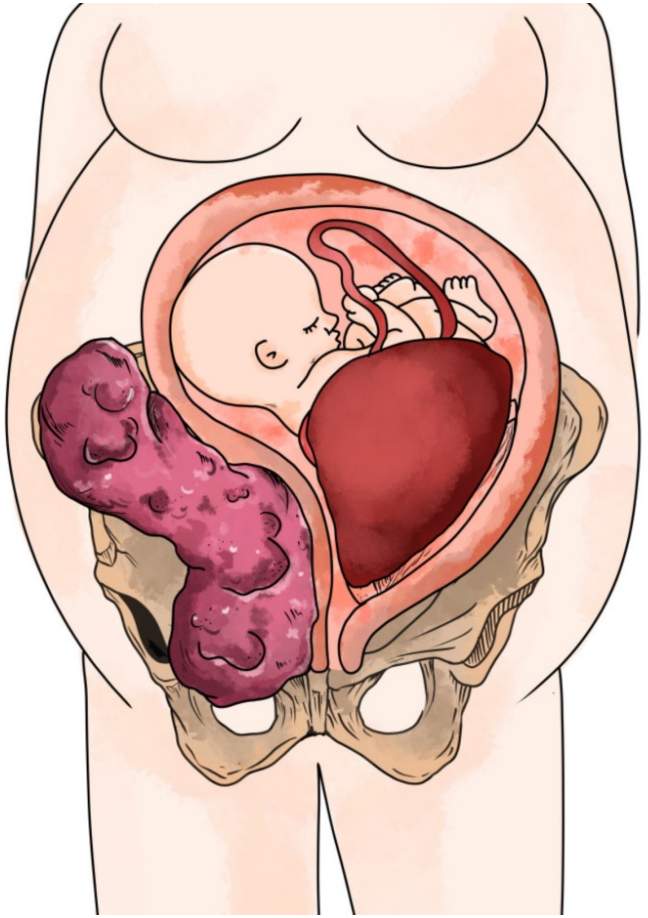
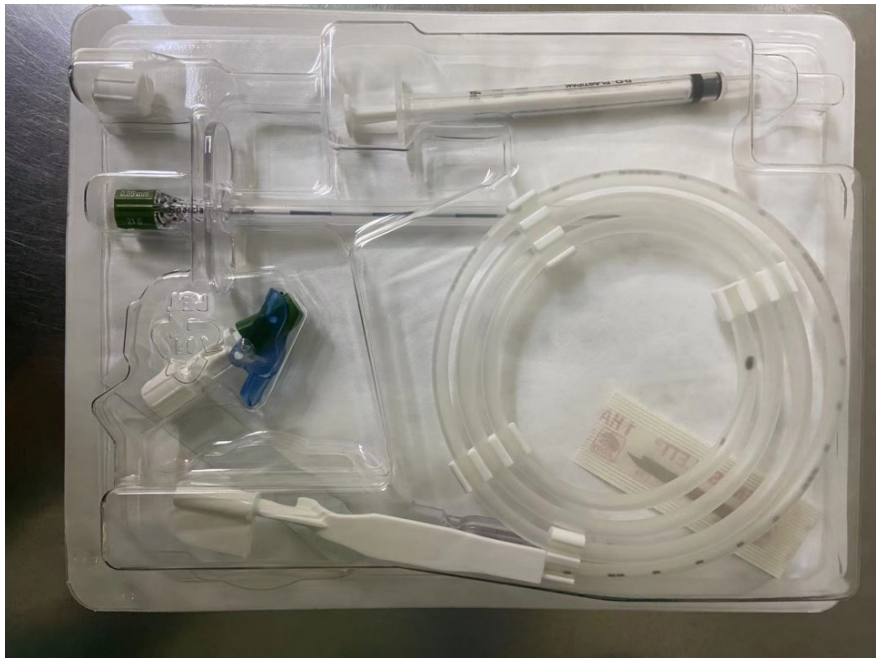
Patient Info:
29-year-old, 35 weeks gestation
Diagnoses: Anterior placenta , giant uterine fibroid (>21 cm)
Fibroid Characteristics:
Rapidly growing, compressing right ureter → right hydronephrosis
Anterior placenta and giant uterine fibroid → Surgical incision was challenging
MDT:
Prophylactic abdominal aortic balloon placement
Bilateral ureteral stents
Anesthesia Plan : Continuous Spinal Anesthesia (CSA) and cell salvage



CSA and Intraoperative Strategy



Anesthesia Management:

- CSA at L3-L4 with Pajunk microcatheter
- Dosed in stages:
  - Initial: 3 ml of 0.3% ropivacaine → T10
  - Pre-incision: additional 3 ml → T4

Monitoring & Preparation:

- Invasive BP , CVP
- Cell salvage system ready

Surgical Course:

- Vertical paramedian incision up to 4 cm above umbilicus
- Arc-shaped uterine incision avoiding fibroid/placenta
- Blood loss: 1400 ml
- Medications: norepinephrine infusion, tranexamic acid 1 g
- Transfusion: 787 ml salvaged RBC, 800 ml FFP

Discussion and conclusion

•Discussion Highlights:

- Choice of Anesthesia Method （CSA/GA/CSE/CEA/SSA）

- Cell Salvage:
  - Safe with filtration
  - Reduces allogeneic transfusion, cost-effective
  - Recommended in guidelines for high-bleeding-risk cesarean delivery
- Multidisciplinary Planning:
  - Essential for individualized perioperative management

Conclusion: CSA combined with cell salvage supported a safe and effective anesthetic strategy for this high-risk cesarean section.