A Tale of Two General Anesthetics for Cesarean Section in Super Morbidly Obese Patient with BMI 104 kg/m²

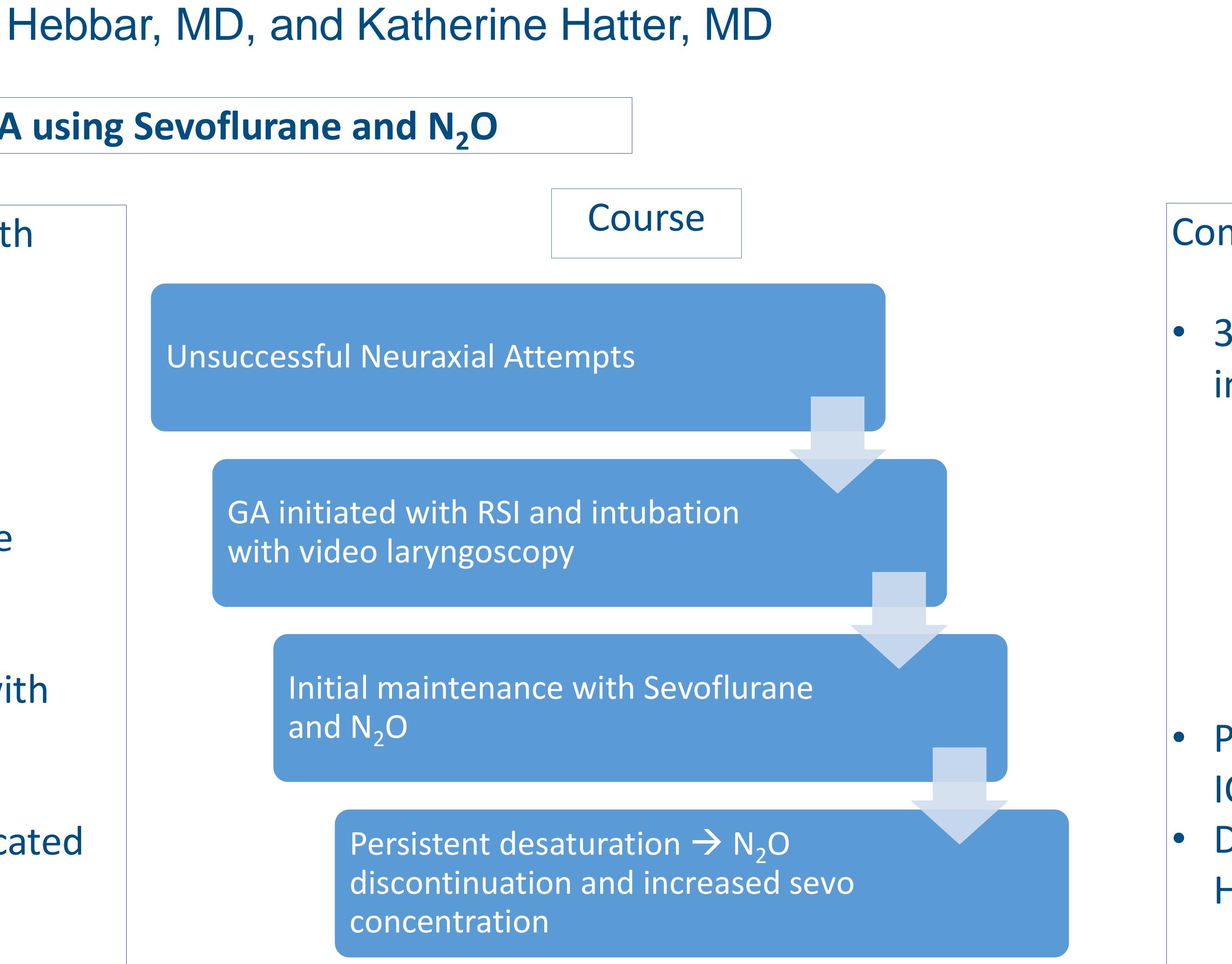
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Case Description #1 – CD with GA using Sevoflurane and N₂O

 28-year-old G1P0 at 37w5d with Class III Obesity (BMI 102)

PMH:

- Chronic HTN
- Gestational DM
- Recurrent back soft tissue abscesses
- Presented after a fall in AFib with RVR
- On HD#2 classical CD was indicated for SIPE with severe features.







Changing What's Possible



Complications

- 3.3 L EBL and hemodynamic instability \rightarrow
 - Arterial line and central line placement
 - High dose norepinephrine infusion
 - Transfusion 3 PRBCs and 1 Cryo
- Postoperative ventilation and ICU admission
- DC from ICU POD#1, and from Hospital POD#3

Case Description #2 – CD with GA using TIVA

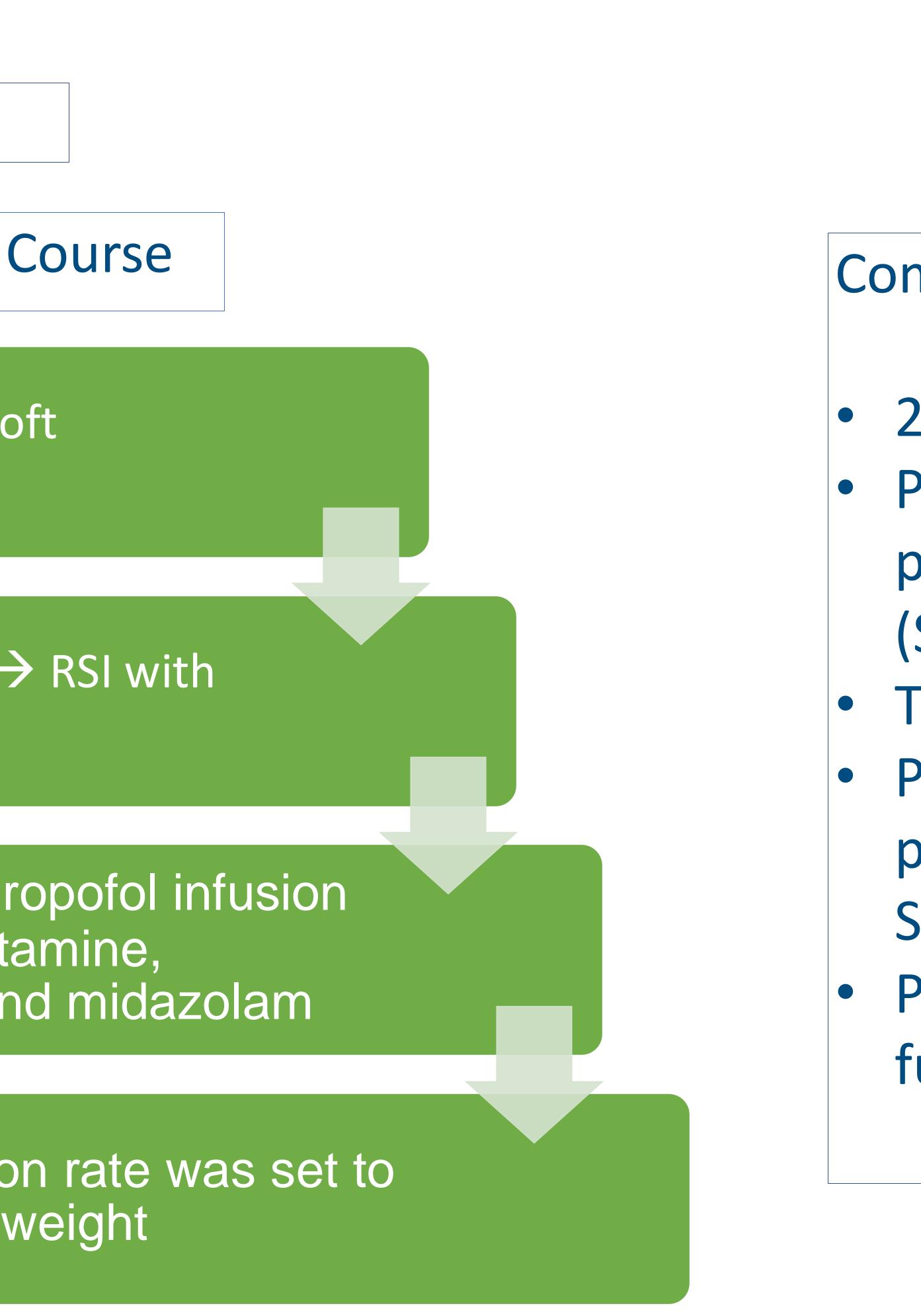
- 29-year-old G2P1 at 37w2d (BMI) 104)
- Plan:
- Due to PMH of PPH and ICU admission, plan included:
 - Arterial line
 - Large bore IV access
 - Double neuraxial catheter technique (lumbar CSE and thoracic epidural) due to supraumbilical approach

Patient found to have large soft tissue abscess

> Plan transitioned to $GA \rightarrow RSI$ with video laryngoscopy

> > TIVA initiated with propofol infusion and adjuncts of ketamine, hydromorphone, and midazolam

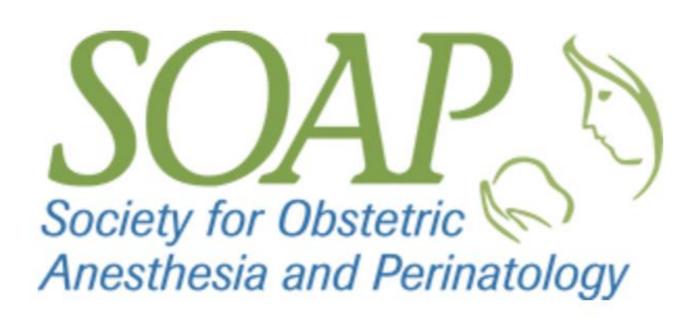
> > > Propofol infusion rate was set to adjusted body weight







Changing What's Possible



Complications

2L EBL

- Patient was extubated to nasal
- positive pressure
- (SuperNO2VA, Vyaire Medical)
- Transitioned to CPAP in PACU
- POD#1 \rightarrow CXR demonstrated
 - pulmonary edema in setting of SIPE
 - POD#4 \rightarrow patient discharged on furosemide

What is the preferred method of anesthesia for cesarean delivery in patients with significant obesity? • Neuraxial anesthesia is preferred due to increased risks including:

- Difficult airway
 - Postoperative ventilation
 - Post partum hemorrhage
- US guided neuraxial might be indicated

What is the double catheter technique?

What about when GA is necessary?

TIVA Dosing:

• Lumbar CSE -> provides denser surgical block in thoracic region for supraumbilical incision • Thoracic epidural \rightarrow provides better postoperative pain control

• TIVA may facilitate optimal recovery by avoiding nitrous oxide and sevoflurane, decreasing the risks of desaturation, PPH, postop ventilation, and unplanned ICU admission.

• In setting of significant obesity, dosing of propofol infusion could be set to adjusted body weight due to concerns for underdosing with ideal body weight and for prolonged emergence using actual body weight.

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Changing What's Possible

