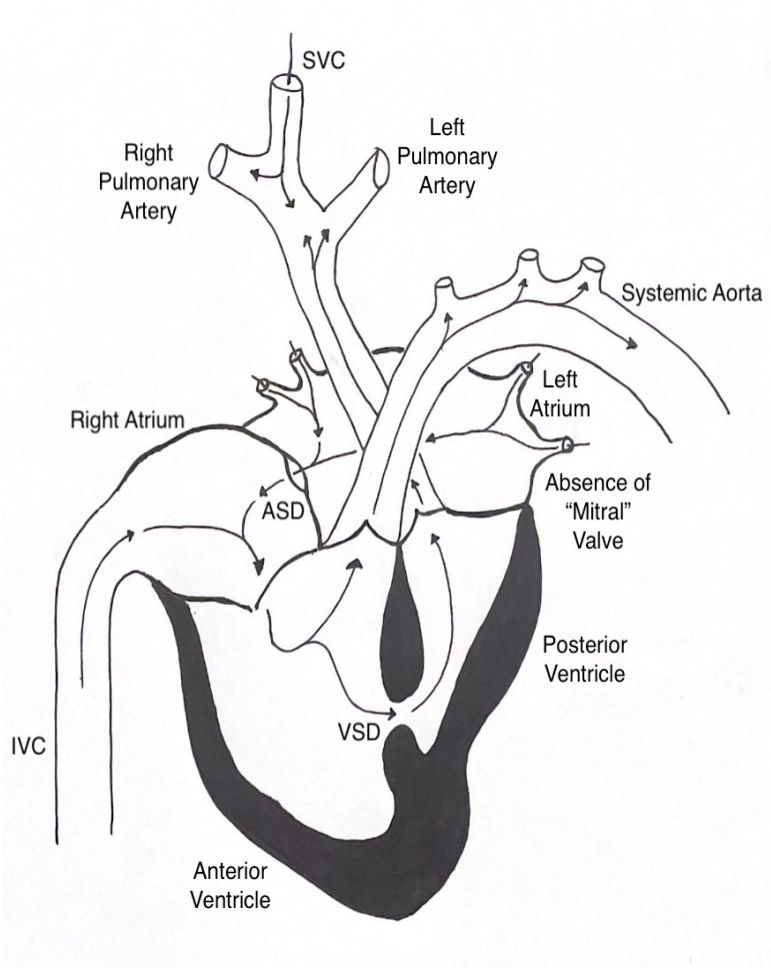
Background

- Surgical advancements in congenital cyanotic heart disease → longer life expectancy
- With improved life expectancy, many such patients live to child-bearing age
- Such patients, when undergoing non-cardiac gynecological procedures, present unique challenges for the anesthesiologist.

Case Description



- 31 y/o woman with a history of cyanotic congenital heart disease, partially repaired, presented to the OR for a dilation and curettage
- Initial presentation for palliation of cardiac disease, but discovered that she was pregnant
- Prior cardiac catheterization, see image to the left
- During cardiac catheterization, high O2 flows resulted in decreased cardiac index
- Anesthetic goals: maintain balance of SVR and PVR to preserve shunt dynamics
- Plan: MAC, arterial line, EtCO2 without O2 flow.

Conclusions and Teaching Points

- Detailed review of the cardiac catheterization was essential in this case.
- Anesthetic Goals: adequate preload, avoid PPV, avoid hypercarbia, utilize IV filters, prevent changes in shunting by maintaining both SVR and PVR.
- Specifically, with this cardiac anatomy, oxygen supplementation may have been detrimental—however, no emergency algorithm would have suggested to stop the O2 flow.