Safety of Deep Sedation for Advanced Second Trimester Uterine Dilation and Evacuation in Medically Complex Patients: A Retrospective Analysis at an Urban Center

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Purpose

- Evaluate the incidence of anesthesia-related complications during dilation and evacuation using intravenous deep sedation
- 2. Examining the relationship between gestational age and comorbidities (i.e., substance use disorder, obesity) and their impact on the incidence of anesthetic complications





Study Design and Methods



Methods

- Retrospective chart-review based analysis
- Cohort selection: Patients receiving uterine evacuations between 12 0/7w 27
 6/7w GA from 2018 2024
- **Data:** Anesthetic complications including hypoxic episodes and conversion to endotracheal intubation

• Analysis:

- Incidence of complications was calculated
- Fisher's exact test was used to determine the relationship between GA and hypoxic episodes



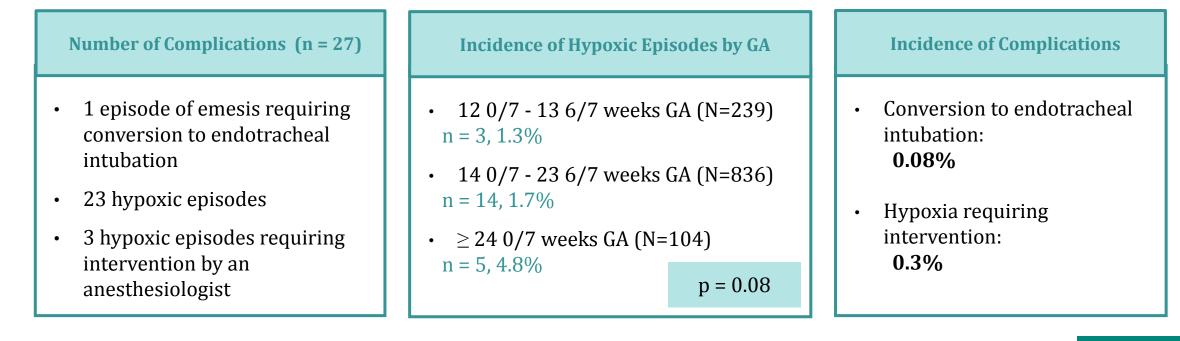


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Overview

Patient Population details see Table 1:



N = 1,179 uterine evacuations using deep sedation between 12 0/7 and 27 6/7w GA

397 (33%) BMI \geq 30 kg/m², 104 (8.8%) with a documented substance use disorder

382 (33%) performed after 20 0/7w GA with **104 (9%)** ≥ **24 0/7w GA**





Conclusion and Discussion



- The incidence of anesthesia-related complications is low, even in a medically complex patient population
- Our study supports prior findings demonstrating similarly low incidences of anesthesia-related complications; however, this is the first study to include GA above 24 weeks
- The risk of anesthesia-related complications does not significantly increase with increasing gestational age
- As policy changes affect the demographics of patients seeking abortion care, it is important to consider the management and accessibility of anesthesia at higher GA



