Beyond the Scale: Anesthesia Considerations for Super-Super Obese Obstetric Patients

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Case 1

- 29 y/o G3P2 at 31w4d with twin pregnancy
- PHx: Obesity **(BMI 99**), PreE, asthma, GDM, OSA
- Urgent C/s due to PreE w/ SF (persistent neurologic sxs)
- Anesthetic Plan:
  - Two large bore IVs and arterial line
  - Intrathecal catheter for surgical anesthesia
- Outcome:
  - Inadequate anesthesia with divided doses of 0.5% bupivacaine via intrathecal catheter
  - Urgent GA **-->** Failed intubation with glidescope
  - Oxygen saturation dropped to <50% **-->** LMA placed
  - Fiberoptic intubation through LMA after twin delivery
  - Minimal blood loss

Case 2

- 33 y/o G4P3 at 36w3d with singleton pregnancy
- PHx: Obesity (**BMI 88**), cHTN, OSA
- Scheduled repeat C/s with midline supraumbilical incision
- Anesthetic Plan:
  - Preop cardiac POCUS
  - Two US-guided large-bore IVs and arterial line
  - De-novo epidural catheter for surgical anesthesia
- Outcome:
  - De-novo epidural catheter successfully loaded with 30mL 2% lidocaine for surgical block
  - Uncomplicated case, minimal blood loss

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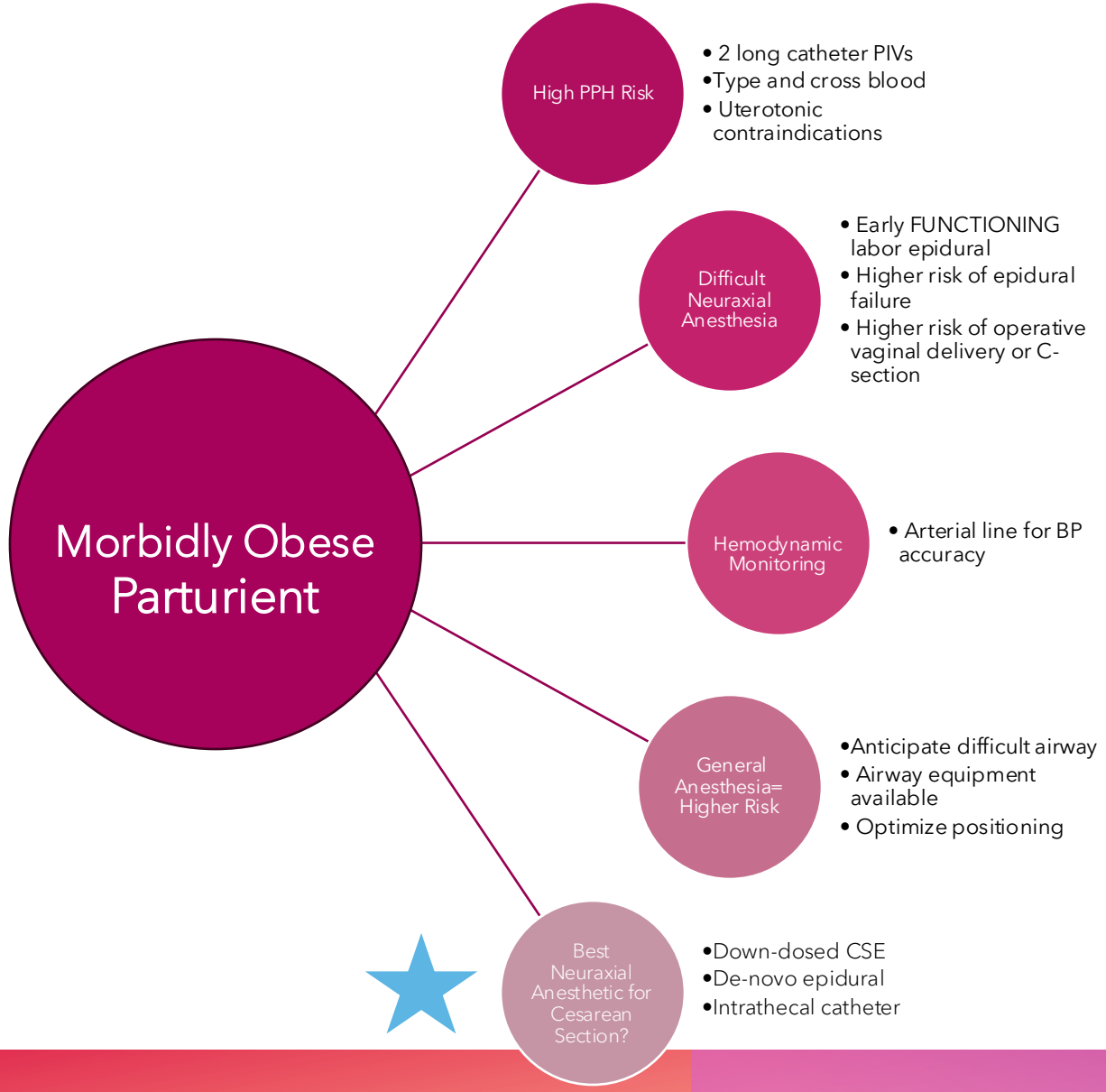
ANESTHETIC CHALLENGES & CONSIDERATIONS



Morbid Obesity BMI > 40 kg/m²
Super Morbid Obesity BMI > 50 kg/m²
Super-Super Morbid Obesity BMI > 60 kg/m²

Ho et al. (2020), *Cureus, 12*(11), e11803.

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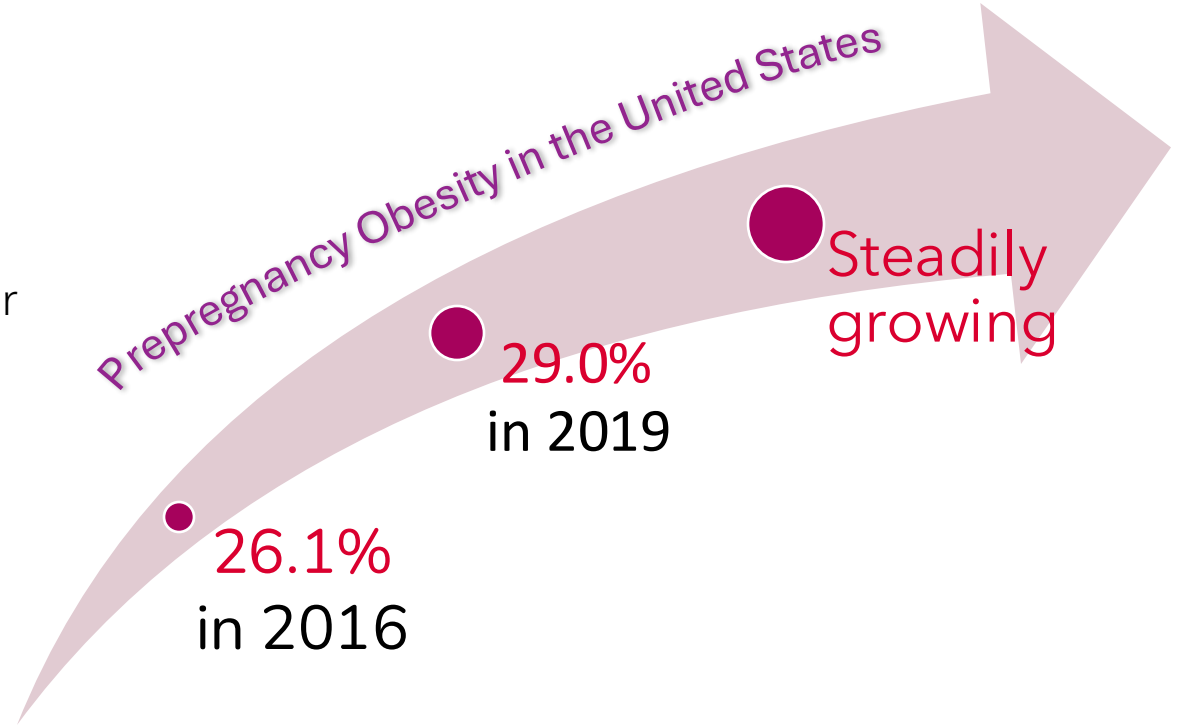
KEY LEARNING PEARLS

- Prioritize early OB anesthesia evaluation
- Proactive, early neuraxial anesthesia placement for the laboring patient
- Potential midline approaches, infra- or supra-umbilical, for cesarean delivery in setting of large pannus
- Ensure adequate venous access
- Consider arterial line placement for accurate hemodynamic monitoring
- Prepare for difficult airway (videoscope, fiberoptic, LMA)
- Consider postpartum hemorrhage risk
  - Type and cross at least 2 units PRBC



CDC (2021). *National Center for Health Statistics*.