

## عنوان مقاله:

(Management of Anesthesia in High Risk Pregnancy)(Pregnancy Induced Hypertension)

## محل انتشار:

سومین کنگره بین المللی روش های کم تهاجمی زنان و مامایی ایران (سال: 1397)

تعداد صفحات اصل مقاله: 1

## نویسنده:

Hamid Zahedi - Associate Professor of Anesthesiology

## خلاصه مقاله:

They are hypovolemic, hypotensive with NA, thus, crystalloid is needed. They are at risk of pulmonary edema or oliguria unresponsive to a fluid. C.B.C is needed. platelet  $< 70,000/mm^3$  increased risk of epidural hematoma. LFT, RFT are essential in determining severity of preeclampsia or HELLP syndrome. Labor Analgesia Vaginal delivery in PIH and in the absence of fetal distress is acceptable plan. C/S is necessary in fetal distress. EA is preferred for labor analgesia, if not contraindicated. EA reduces maternal catecholamine and facilitate BP control. EA improve IBF, UPP and fetal well-being. They are at risk of C/S, early epidural placement facilitate use of EA for C/S. EA is accomplished with LA and opioid without epinephrine, while maintaining left uterine displacement and FHR monitoring. GA indicated for C/S who refuse RA or who are coagulopathic. SA avoid depressant effects of drugs and the risk of failed or difficult intubation. GA selected when hemorrhage or sepsis is the reason for an emergency C/S. The risks of GA include difficult intubation, aspiration, increased sensitivity to NDMR, exaggerated pressor responses to intubation and impaired PBF. Mortality is due to difficult airway or failed intubation. Restore IVFV and control BP. Induction: STP, Sch. Magnesium attenuates fasciculations produced by Sch. In upper airway edema should use smaller tube. Avoid repeated laryngoscopy. In impaired coagulation, trauma result in bleeding. SBP responses to intubation exaggerated, increasing risk of cerebral hemorrhage or pulmonary edema. Short-duration laryngoscopy is most method for minimizing magnitude and duration of BP and HR responses. Hydralazine, labetalol, or nitroglycerin attenuate SBP. Maintenance of anesthesia: Low doses of volatile anesthetics +/\_ N<sub>2</sub>O. The major determinant of neonatal depression is a prolonged interval between uterine incision and delivery. After delivery, anesthesia supplemented with opioids. Spinal Anesthesia SA discouraged because severe hypotension. In severe preeclampsia, magnitude of maternal BP decreases are similar following administration of SA or EA for C/S. Should SBP decrease more than 30% from preblock value, treatment: left uterine displacement and increased rate of fluid infusion with ephedrine or phenylephrine. A. Bupivacaine is adequate to achieve T4 sensory level and 120 minutes of anesthesia. Meperidine or morphine used for postoperative analgesia.

## کلمات کلیدی:

## لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/825955>



