



Preface
Issues in obstetric anesthesia



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Guest Editors

The challenge of managing an obstetric patient is, on the one hand, extremely satisfying and rewarding, but it can also be difficult and frightening. Sometimes the practice of obstetric anesthesiology is restricted by a lack of understanding of the underlying problem or by the fear that the anesthesiologist may cause harm to the mother or her fetus. This issue of the *Anesthesiology Clinics of North America* brings together a group of experts to discuss some current areas of concern in obstetric anesthesia and make recommendations where appropriate.

The first group of articles discusses some of the advances in technology and drugs related to obstetric anesthesia. Dr. Paech explores some of the newer techniques for labor analgesia and their possible value. This article will be of particular interest to those anesthesiologists who are wondering whether they should invest in a patient controlled epidural analgesia device or use remifentanyl for labor analgesia. The newer local anesthetics (levobupivacaine and ropivacaine) and their cost–benefit ratios are examined by Drs. Panni and Segal. This article will assist those departments who are wondering whether or not these aforementioned agents offer any real benefit and are thus justifiable additions to the hospital formulary.

The next group of articles discusses some of those persistent questions that are asked by the anesthesiologist, the parturient, or the obstetrician with respect to obstetric analgesia. Many wonder why an epidural that was inserted so easily does not seem to work adequately for a cesarean section. Drs. Portnoy and Vadhera discuss possible mechanisms and management of this difficult situation. Drs. Halpern and Leighton review the many misconceptions about neuraxial anesthesia, including its effects on labor, use in women with pre-eclampsia, and

effects on breastfeeding. More importantly, they discuss the possible consequences of withholding effective analgesia. Drs. Munnur and Suresh then specifically deal with the questions asked more commonly by laboring women, namely, the effect of epidural analgesia on the subsequent occurrence of postpartum backache, headache, and neurological complications. Drs. O’Sullivan and Scrutton address the thorny topic of whether or not women should have anything by mouth while they are in labor. Finally, Drs. Abramovitz and Beilin tackle the debate on acceptable platelet counts before the insertion of an epidural. They also discuss the issue of neuraxial anesthesia in the parturient on low-molecular weight heparin.

The next series of articles discusses emergencies in the parturient. Dr. Crochetiere discusses some of the common and also not so common situations that may result in the need for emergent anesthetic and obstetrical intervention. Then, Drs. Esler and Douglas discuss some of the available options that help avoid homologous blood transfusion in the parturient at risk of hemorrhage. Another scenario that often confronts the obstetric anesthesiologist is the anesthetic management of a pre-eclamptic parturient—in particular, the type and amount of fluid to administer, the use of neuraxial anesthesia, and the management of complications. Drs. Ramanathan and Bennett present an in-depth review of these topics. Embolic phenomena remain a major cause of maternal mortality. Drs. Gei, Vadhera, and Hankins review the current information on this always interesting and topical subject.

The final article deals with issues of morbidity, mortality, and their relationship to litigation as found through the American Society of Anesthesiologists closed claims analysis. Dr. Ross reviews the lessons that can be learned from analyzing and studying these closed claims.

We would like to take this opportunity to thank all our coauthors for their wisdom and hard work in assembling such a challenging and excellent issue. In addition, we thank Drs. Donald S. Prough and Lee Fleisher for helping us get this issue off the ground, Joanne Ochmanski and Bob Gardler of WB Saunders for sharing our vision and making it a reality, and, finally, our partners (Maria and Bill) for their understanding and patience.

Our hope is that readers will be motivated and challenged by the information presented in this issue and will find it useful in the practice of obstetric anesthesia.

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