

Protocol of SAOA spring meeting March 1st 2008, Lausanne



Participants: 42

General anesthesia for CS: what's new?

Laurent Thierrin (Lausanne)

Discussion:

Induction with thiopental (majority), propofol + ketamine (Geneva) to reduce awareness, thiopental short onset time, apparently faster induction than with propofol, thiopental can be prepared in advance as a component of a drug set for emergency section (not possible with propofol)

Induction in case of severe preeclampsia: induction should include opioids (remifentanyl bolus of 1 mcg/kg in combination with antihypertensive treatment (calcium channel blockers, labetalol, dihydralazine, nitroglycerine); magnesium sulfate does not prevent hypertensive blood pressure response to laryngoscopy (risk of cerebral hemorrhage) but is the drug of choice to prevent eclampsia

Cricoid pressure; applied by the majority of participants, traditional maneuver to protect the airway, if not properly performed dangerous and resulting in difficult intubation, still considered as part of good clinical practice (medicolegal aspect)

Post-CS analgesia: is there a gold-standard?

Alexandre Mignon (Paris)

Discussion:

Intrathecal morphine 100 mcg without risk of late respiratory depression, duration of analgesia as long as 24 hours; morphine on demand by oral or subcutaneous route if necessary; epidural morphine less effective, at a dose < 1 mg no risk of respiratory depression

Paracetamol in order to reduce postoperative morphine requirements, further reduction in morphine requirements by local administration of diclofenac via a catheter placed by surgeons at wound closure

Teaching of nurses important

Neuropathic pain post-CS: myth or reality?

Fabienne Roelants (Brussels)

Discussion:

Gabapentin not evaluated in pregnancy, may be dangerous for baby; a Turkish study addresses the issue of gabapentin on the incidence of PDPH

Clonidine: 15 mcg instead of 30 mcg as adjunct to spinal anesthesia reduces the incidence of hypotension; when using a dose of 75 mcg as a supplement to fentanyl and morphine for repeat cesarean section (Geneva) the onset of hypotension will often be delayed until after delivery of the baby (no harm), maternal sedation frequent; a low dose of 15 mcg for last minute spinal analgesia as adjunct to low doses of a local anesthetic (bupivacaine 1.25 - 2.5 mg) and an opioid (fentanyl 20 mcg or sufentanil 5 - 7.5 mcg) instead of 30 mcg reduces frequency and severity of hypotension; association with fetal bradycardia (occurring also with intrathecal opioid administration)

Neostigmine: nausea and vomiting preclude intrathecal administration; helpful drug if used for walking epidural analgesia (local anesthetic sparing effect)

Predictors of postoperative analgesia (associated with general vulnerability): menstrual pain, chronic pain, previous postoperative pain experience

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Informed consent in pregnancy: what's the status in Switzerland?

The midwives' perspective	Sue Brailey (Bern)
The obstetricians' perspective	Patrick Hohlfeld (Lausanne)
The anesthesiologists' perspective	Christian Kern (Geneva)
	Markus Schneider (Basel)

Round table discussion

Compulsory signature before epidural anesthesia in St. Gallen, information of all surgical patients, pregnant women are informed at about 35 weeks of gestation; in terms of liability, information is the centerpiece, not a signature; introduction of DRGs and discrepancies between human resources and workload have an influence on prepartum anesthetic consultation

Early information may be controversial from the side of midwives (self-fulfilling prophecy); since pain tolerance increases with pregnancy and during labor, an individualized approach is necessary; too early may be as bad as too late

From an obstetric point of view early assessment of pregnant women for the presence of medical risk factors advisable and recommended; team work among obstetricians, anesthesiologists and midwives important

Use of information leaflets (such as the one issued by SGAR/SSAT and SGGG gynécologieSuisse)

COFFEE break

CS of a woman with omphalopagus gemini

Peter Biro (Zürich)

Amniotic fluid embolism

Laurent Thierrin (Lausanne)

Discussion:

A low volume of amniotic fluid induces severe coagulopathy in animals

Varia, announcements

Ruth Landau

Thanks to all speakers

The majority of participants vote for another year with two meetings:

- **Satellite meeting** at the SGAR/SSAR 2008 meeting in **Fribourg**

Thursday October 30th 2008, 14:00 h with the annual general meeting of the SAOA
(program to follow; Christopher Bernards, Seattle, has already accepted to come for lectures)

- Suggestion to participate at the **OAA meeting** of May 21st and 22nd 2009 organized in **Jersey (UK)** with the collaboration of CARO (France) is welcomed by a majority of participants, the possibility of having a separate program in parallel will be checked and communicated at a later date

Ruth Landau will leave Geneva to continue her work in Seattle (USA); she will remain president of SAOA until May 2009 and partially responsible for the program of the next two meetings; she will be happy to receive any suggestion as to the program from all of us on either of her e-mail accounts; the new US account is rhlandau@washingtton.edu

If possible, a vice-president should be elected at the October meeting in Fribourg considering the option to run for presidency next year

End of the meeting: 17h

Elsbeth and Markus Schneider, March 30th, 2008