ANESTHETIC CONSIDERATIONS FOR CESAREAN DELIVERY IN A PATIENT WITH PULMONARY HYPERTENSION
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CASE

G2P1001 woman, 38 y/o

PMHx: ASD, pulm HTN requiring O2, OSA, obesity

Presenting for pre-operative optimization and delivery at 32 weeks gestation
PHTN + PREGNANCY

Increased blood volume → PVR cannot decrease → Impaired CO

Interventricular septum

Flattened septum

RV

LV

Dilated RV

LV
DEVELOPMENT

C-SECTION

vs

VAGINAL DELIVERY

SVR
BP
Perfusion

PVR
CO
Contractility

ANESTHETIC
OTHER CONSIDERATIONS

Invasive monitors
  art line

Vascular access
  Peripheral IV(s)
  CVL
  vasopressors
  fluids


Norepinephrine  Epinephrine  Vasopressin
Conclusions

• Extensive pre-delivery planning is CRUCIAL

• Delivery and anesthetic choice should be individualized

• Monitors/lines should include arterial line and central access

• Despite planning, mortality remains 30-50%

References:
Pieper, PG and Hoendermis, ES. (2011) Neth Heart J. Dec; 19(12): 504-508