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Anesthesia

SPINAL ANESTHESIA IN PREGNANCY It has long been appreciated that the dose of drug required for spinal anesthesia is smaller in the pregnant than in the nonpregnant patient. This presumably is due to inferior vena caval compression, engorgement of the venous plexus surrounding the dural sac, and decreased volume of spinal fluid within the spinal canal. Three groups of patients received spinal anesthesia with 1 ml (4 mg) tetracaine. The first group consisted of 20 nonpregnant control patients of child-bearing age. Group 2 comprised 15 patients at term undergoing cesarean section. Group 3 consisted of 15 patients of child-bearing age who were given a spinal anesthetic after a tight abdominal binder had been applied. The usual dermatome level of group 1 was T11; of group 2, T8; of group 3, T7. Inferior vena caval pressure was elevated in group 3. Previous work had disclosed an elevated inferior vena caval pressure in pregnant patients in the supine position. Transient, though measureable, increases in spinal fluid pressure were noted in patients with vena caval compression. Added support is lent to the mechanical obstruction theory for explaining increased levels of spinal anesthesia in the pregnant patient. (Barclay, D. L., Renegar, O. J., and Nelson, E. W.: *The Influence of Inferior Vena Cava Compression on the Level of Spinal Anesthesia*, Amer. J. Obstet. Gynec. 101: 792 (July) 1968.)