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Spinal Anesthesia For Cesarean Section: A Comparison Of The Effects Of Right Lateral And Supine-Wedged Positions On Blood Pressure.

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Introduction: Hypotension occurs frequently after spinal anesthesia for cesarean section. We wished to establish whether, after spinal injection in the left lateral position, assumption of a full right lateral position would result in less hypotension than the supine position with left uterine displacement.

Methods: After Ethics Committee approval and informed consent, 40 women (ASA III) received an i.v. bolus of balanced salt solution 500ml followed by spinal anesthesia using 2.0ml 0.5% hyperbaric bupivacaine plus 0.2mg diamorphine in the left lateral position for elective cesarean section. They were randomly assigned to be turned to the right lateral position after 2 min (n=20) or the supine wedged position after one minute (n=20). The blood pressure was measured at 1-min intervals for 20 min. After 10 min, all women were placed in the supine position with left tilt. Epidural (6 mg i.v.) was given if the systolic blood pressure fell below 80% of baseline. Differences between the groups were analyzed using robust standard errors (38 degrees of freedom).

Results: The two groups were comparable in age, body mass index and height. In the first 10 min hypotension occurred in 15 women in each group, with no significant difference in ephedrine dose, maximum fall or duration of hypotension between the groups. Mean blood pressures were given in the figure.

Conclusion: The right lateral position has no apparent advantage over the supine-wedged position for maintaining the blood pressure after spinal anesthesia for cesarean section.


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Increased Risk of Obstetric Anesthesia Complications in Medical Professionals and Their Spouses

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Introduction: Anesthetists commonly joke that when health care professionals and their families undergo medical care, there is a higher risk of complications. When a complication does occur, the reaction is frequently one of expectation not surprise. There has been interest in whether professional status may influence medical outcomes or complications among anesthesiologists. We decided to test the validity of this widely held and stated belief in a prospective, non-blinded clinical data collection.

Methods: Twelve April 15, 1999, and January 15, 2000 all patients receiving obstetric anesthesia or anesthesia care were queried as to their relationship to the healthcare field. On the routine quality assurance form, patients were classified as being physicians (MD), dentists (DDS), nurses (RN), spouse of these professionals (S), or not having a close family relationship to a healthcare professional (N). Complications recorded included intravenous epidural catheter, replaced labor epidural catheter for any reason, inadvertent dural puncture, post-dural puncture headache, failure to obtain CSF during a CSE procedure, any failed regional block, local anesthetic toxicity, and nerve injuries. Patients having more than one complication were presumed to have had just one for the purposes of statistical analysis. Complication rates between groups were compared by x2.

Results: 1952 patients were included in the analysis. There was a greater complication rate in medical personnel and their families (17.6%) than in the control population (11.4%) (p=0.018). Comparing each medical subgroup separately to the non-medical group, the only group which had a significant higher complication rate was the RN group (p=0.004).

Conclusion: These results suggest that medical personnel, especially nurses, are at increased risk for the occurrence of obstetric anesthesia complications. The explanation for this finding may be multifactorial. Physicians performing procedures on these patients may perceive and/or treat them differently from others. It is also possible that complications are better reported in these patients. Alternatively, nurses or other health professionals may be more aware of alleged "imperfections" in labor analgesia and require more interventions. These results are intriguing and should stimulate further investigation into the ironic occurrence of increased medical complications among health care professionals.