

# Anaesthesia1ST

1st Class Anaesthesia for All Patients



## SUMMARY: CAESAREAN SECTIONS PART 1

### The physiology of the pregnant bitch

<b>Reduced anaesthetic/CNS depressant drug requirements</b>	Reduce doses by 25-40%
<b>Increased blood volume</b>	Increases by approx. 40% at term
<b>Relative anaemia of pregnancy</b>	Haematocrit = 30-35% at full term. If PCV is normal at time of C-section consider maternal dehydration
<b>Increased cardiac output</b>	Increases by 30-50% at term
<b>Diversion of cardiac output</b>	25% maternal cardiac output diverted to placenta & uterus
<b>Attenuated baroreceptor reflex</b>	Compensatory mechanisms may be delayed or fail if hypovolaemia or hypotension occur
<b>Elevated myocardial contractility</b>	May approach maximum at full term.
<b>If pre-existing maternal heart disease:</b>	Dam may rapidly decompensate (reduced cardiac reserve)
<b>Compromised cardiac output/hypotension</b>	Supine position = mechanical pressure from gravid uterus on major blood vessels.
<b>No foetal autoregulation of blood flow</b>	Maternal hypotension/hypovolaemia will reduce foetal perfusion
<b>Epidural space reduced by 30-50%</b>	Epidural drug requirements reduced

<b>Increased metabolic rate</b>	Affects oxygen consumption, tidal volume & respiratory rate
<b>Increased oxygen consumption</b>	Increased by 20%
<b>Increased tidal volume</b>	40%
<b>Increased respiratory rate</b>	10%
<b>Increased sensitivity of respiratory centre to carbon dioxide</b>	Normal ETCO <sub>2</sub> may be as low as 30-33mmHg
<b>Reduced lung volume</b>	Via cranial displacement of diaphragm by gravid uterus
<b>Reduction in functional residual capacity (FRC)</b>	Approx. 20%
<b>Compression atelectasis</b>	Diaphragm displaced cranially by gravid uterus
<b>Increased risk of hypoxaemia</b>	Via decreased maternal FRC & increased oxygen demand.
<b>Maternal hypoxaemia = significant foetal hypoxaemia</b>	Foetal Hb has high affinity for oxygen

<b>Reduced gastric/oesophageal sphincter tone</b>	Increased risk of intra-operative regurgitation & aspiration
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<b>Reduced BUN</b>	Increased CO = increased renal blood flow & GFR
<b>Reduced creatinine</b>	Increased CO = increased renal blood flow & GFR
<b>Insulin resistance</b>	Risk of hyperglycaemia