

Anesthetic management in pregnant females for non obstetric operations.

Essay

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Anesthesia**

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دور التخدير في حالات السيدات الحوامل في العمليات الجراحية غير الولادة

رسالة

توطئه للحصول على درجة الماجستير في التخدير والعناية المركزة

مقدمه من

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Tables

Table 1-1	Cardiovascular Changes in Pregnancy
Table 1-2	Effect of Pregnancy on Cardiovascular Investigations
Table 1-3	Coagulation Factors in Pregnancy
Table 1-4	Values for Renal Function
Table 3-1	Relationship between the plasma binding of amide local anesthetics and UV/MV ratio.
Table 4-1	Obesteric and non obesteric indications for hospitalization.
Table 4-2	Risk classifications of drugs frequently used in anaesthesia.
Table 4-3	Examples of common radiological exams and fetal exposure associated with each of them.

Abbreviations

FRC: Functional Resideual Capcity

cc: Closing Capcity

GFR: Glomerular Filtration Rate

UA: Umbilical Artery

UV: Umbilical Vein

IM: Intra muscular

IV: Intra venous

Introduction

Appoximately 1-2% of pregnant women require surgery during their pregnancy. Appendectomy and cholecystectomy are the most commenly performed procedure.(**McGraw-Hill, 2006**)

Anaesthetic management is particularly important during pregnancy. The attending anaesthiologist and surgeon must consider effect of anaesthesia on the fetus, teratogenic potential of anaesthetic agents, the patient postion (aortocaval compression risk and fetal compression), and wether the surgery requires general or epidural anaesthesia. in addition, they should also evaluate the maternal risk factors arising from the physiological and anatomical changes due to the pregnancy and consider the maintenance of adequate uteroplacental blood flow.(**lyilikci L, 2004**)

Fortunately, no anaesthetic or commenly used adjunctive drugs are known to be teratogens. (**kuczkowski KM, 2006**)

Introducion

As a conclusion Anesthesia for expecting mothers has never been safer and is likely to have few adverse effects on developing fetus. In particular, epidural analgesia is still probably the safest form of pain relief for laboring women and their babies. However there is reason for some concern and definitely strong justification, for aggressive research. And if necessary, effective protective strategies developed, as a high priority.

CONTENTS

• Introduction	4-5
• Physiological Changes of Pregnancy	6-21
• Fetoplacental circulation and placental barrier	22-30
• Effects of anaesthetic drugs on the fetus	31-77
• Effects of anaesthesia on the mother	78-99
• References	100-112
• Arabic summary	113-114

Introduction

Chapter I
***Physiological Changes of
Pregnancy***

Chapter II

Fetoplacental Circulation And Placental Barrier

Chapter III

Effects of Anaesthetic Drugs On The Fetus

Chapter IV

Effects Of Anaesthesia On Mother

References

Arabic Summary