Regional Anaesthesia For The Pregnant Cardiac Patient

Essay Submitted For The Partial Fulfillment of
Master Degree In Anaesthesia

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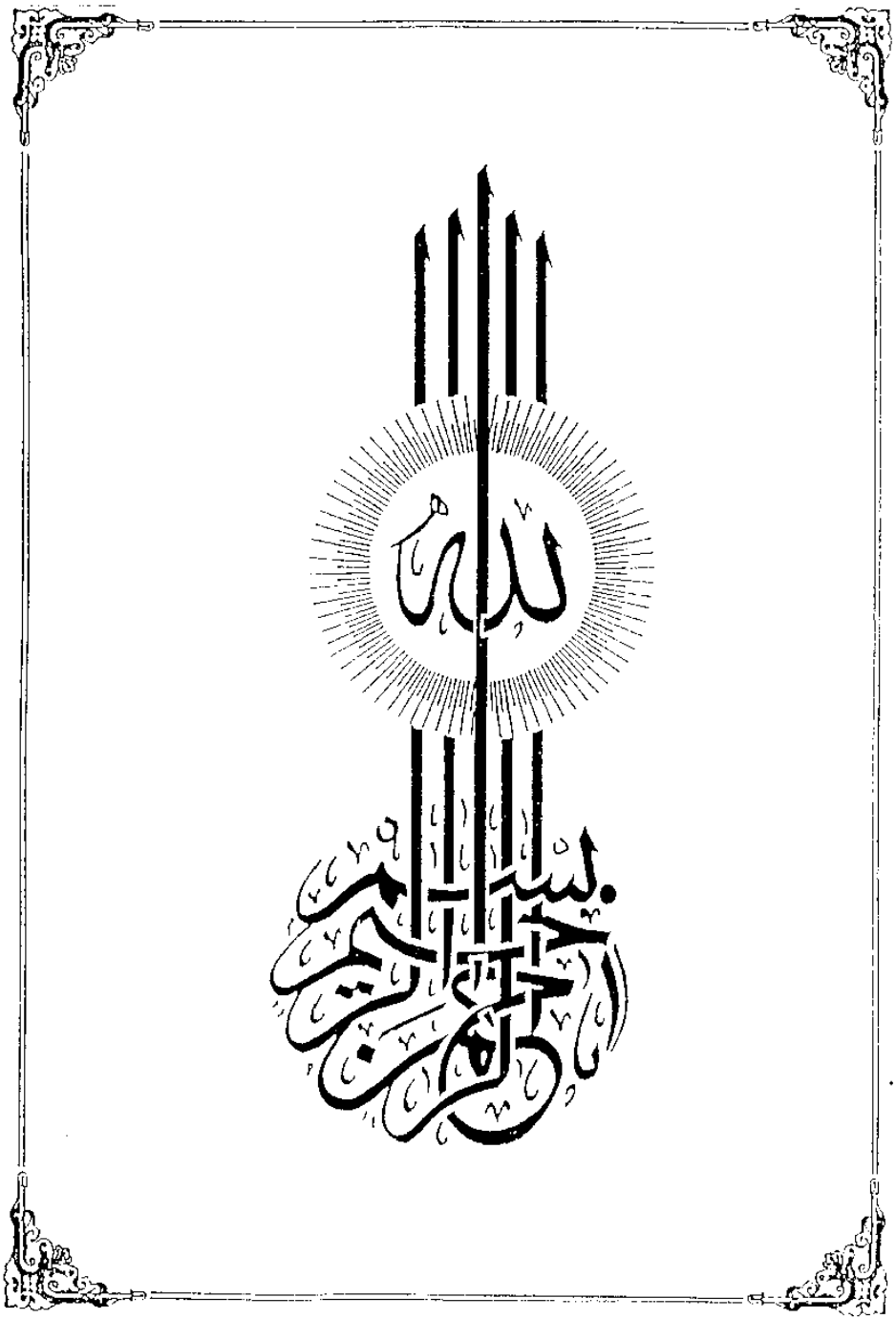

To my family

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Introduction


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Introduction

Throughout the world, maternal heart disease is still most often due to rheumatic fever *(Mc Faul et al., 1988).*

In the United States and other Western societies , congenital heart disease is now predominant *(Pitkin et al., 1990).*

Whatever the cause, heart disease in a pregnant woman may, affect the well - being of both the mother and the fetus *(Burwell and Metcalfe, 1958).*

Potential dangers to the mother fall into several categories. First, by imposing a hemodynamic burden, pregnancy may result in her disability or death. On the basis of recorded expe-rience, pregnancy is particularly dangerous to women with some specific cardiac abnormalities, these include Eisenmenger's syndrome, primary pulmonary hypertension, Marfan's syndrome, and significant mitral stenosis. Concern for maternal and fetal safety is sufficient to consider prevention or interruption of pregnancy in women with these and other abnormalities *(Mc Anulty et al., 1988).* At a minimum, counseling and close clinical attention is required.

Second, pregnancy may aggravate preexisting maternal heart disease. Ventricular dysfunction may worsen , bacterial endocarditis can occur, and in women with rheumatic heart disease, pregnancy may increase the chance of a recurrence of rheumatic fever *(Szekely et al , 1973).*

Third, in rare instances, pregnancy may cause heart disease. A peripartum cardiomyopathy may develop in individuals


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