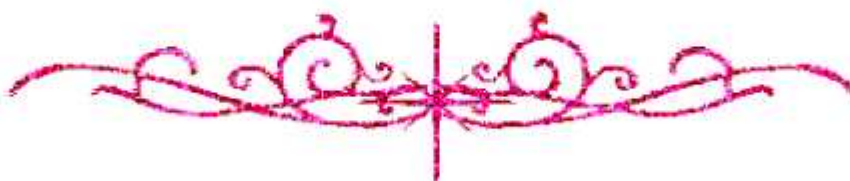


بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغييرات



يجب أن

تحتفظ هذه الأقراص المدمجة بعيدا عن الغبار





Carbetocin versus Oxytocin in Caesarean Delivery: Influence on Perioperative Nausea, Vomiting and Hemodynamic Changes

Thesis

***Submitted for Partial Fulfillment of
Master Degree in Anesthesia***

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا أنك لا تعلم لنا
إلا ما علمتنا أنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

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17	Hematocrit of both groups.
18	Platelet count of both groups.
19	Adverse effects of both groups.

List of Abbreviations

Abb.	Full term
<i>µg</i>	<i>Microgram</i>
<i>5HT3</i>	<i>5-hydroxytryptamine</i>
<i>AMTSL</i>	<i>Active management of third stage of labor</i>
<i>ASA</i>	<i>American Standards Association</i>
<i>BMI</i>	<i>Body mass index</i>
<i>CMV</i>	<i>Cytomegalovirus</i>
<i>CNS</i>	<i>Central nervous system</i>
<i>COPD</i>	<i>Chronic obstructive pulmonary disease</i>
<i>C.S</i>	<i>Cesarean section</i>
<i>CTZ</i>	<i>Chemoreceptor trigger zone</i>
<i>D2</i>	<i>Dopamine</i>
<i>ECG</i>	<i>Electrocardiography</i>
<i>FFP</i>	<i>Fresh frozen plasma</i>
<i>FRC</i>	<i>Functional residual capacity</i>
<i>G.A</i>	<i>General anesthesia</i>
<i>GFR</i>	<i>Glomerular filtration rate</i>
<i>GI</i>	<i>Gastrointestinal</i>
<i>HCG</i>	<i>Human chorionic gonadotropin</i>
<i>HG</i>	<i>Hyperemesis gravidarum</i>
<i>hPL</i>	<i>Human placental lactogen</i>
<i>HR</i>	<i>Heart rate</i>
<i>I.V.</i>	<i>Intravenous</i>
<i>IU</i>	<i>International unit</i>
<i>IVC</i>	<i>Inferior vena cava</i>
<i>LES</i>	<i>Lower esophageal sphincter</i>
<i>ML</i>	<i>Milliliter</i>
<i>MLCK</i>	<i>Myosin light chain kinase</i>
<i>mmHg</i>	<i>Millimeters of mercury</i>
<i>NIBP</i>	<i>Non-invasive blood pressure</i>

List of Abbreviations (Cont...)

Abb.	Full term
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NSAID.....Nonsteroidal anti-inflammatory drug

PACU.....Post-Anesthesia Care Unit

PHPtential of hydrogen

PMIPoint of maximal intensity

PPH.....Post partum heamorrhage

S.ASpinal anesthesia

SpO₂Pulse oximetry

T3Triiodothyronine

T4Thyroxin

TBGThyroid-binding globulin

TRALITransfusion-related acute lung injury

INTRODUCTION

Caesarean delivery has a lot of complications like hemodynamic changes, nausea and vomiting and some scenarios are life threatening complications as post-partum hemorrhage (PPH). The prevalence of PPH is approximately 6% of all deliveries (*Carroli et al., 2008*).

In high-resource countries, PPH is the main cause of acute severe maternal morbidity, and of pregnancy-related ICU admissions. In addition to the direct consequences of acute hypovolemia, PPH exposes the women to the complications of transfusion, of intensive care and to infertility in case of hysterectomy. The main risk factors for PPH are factors of uterine atony, but they are globally poorly predictive. Risk factors related to components of care during labor and delivery are amenable to change, and the assessment of their risks-benefits balance should take into account the associated risk of PPH (*Deneux-Tharaux et al., 2014*).

The third stage of labor has traditionally been defined as the time between the birth of the baby and the delivery of the

placenta and membranes. It is the third stage that is the most perilous for the woman because of the risk of postpartum hemorrhage (PPH). The third stage of labor typically lasts between 10 and 30 minutes; if the placenta fails to separate within 30 minutes after childbirth, the third stage is considered to be prolonged. If the third stage of labor lasts longer than 18 minutes, it is associated with a significant risk of PPH; and there is a six-fold increase in PPH when the third stage of labor lasts longer than 30 minutes (*Güngördük, 2018*).

The most frequent cause of PPH is uterine atony; therefore, active management of the third stage of labour rather than expectant management is recommended (*Chong et al., 2004*).

Intravenous infusion of 10 IU of oxytocin is recommended as the prophylactic medication of choice to reduce the incidence and severity of PPH (*Cotter et al., 2001*).

Oxytocin has a short half-life, whereas carbetocin, an oxytocin derivative exerting its effect via the same molecular mechanisms as oxytocin, has a longer half-life, and has been reported to decrease the use of additional oxytocics. Currently 100 µg of carbetocin is routinely used for the prevention of PPH (*Sweeney et al., 1990*).

The hemodynamic effects of an oxytocin bolus consist of systemic vasodilatation, with hypotension, tachycardia, and an