

The update in anesthesia management of normal pregnant patients undergoing non-obstetric surgery

Essay

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Abstract

Each year, a significant number of pregnant women undergo surgery and anesthesia for indications unrelated to pregnancy. Estimates of the incidence of non-obstetric surgery in pregnancy, which may be required at any gestational age, and for a number of indications, range from 1 to 2 % ⁽¹⁾.

The diagnosis of any medical condition requiring surgery in pregnancy often raises questions about the safety of anesthesia in these patients. This controversy is primarily attributed to the lay press speculations that surgery and anesthesia in pregnancy may pose hazards to the mother and fetus. Despite these concerns, the safety of non-obstetric surgery and anesthesia in pregnancy is well-documented for nearly every operative procedure ⁽²⁾.

The timing and indications for surgery seem critical to the maternal and fetal outcome. Laparoscopy is the most common surgical procedure performed in the first trimester of pregnancy, whereas appendectomy is the most common procedure performed during the remainder of pregnancy ⁽³⁾.

Anesthetic considerations for surgery during pregnancy involve the safety of two patients, the mother and the fetus ⁽⁴⁾.

It is essential to remember the physiological and pharmacological changes that characterize the three trimesters of pregnancy; these changes can pose hazards for both of them ⁽⁴⁾.