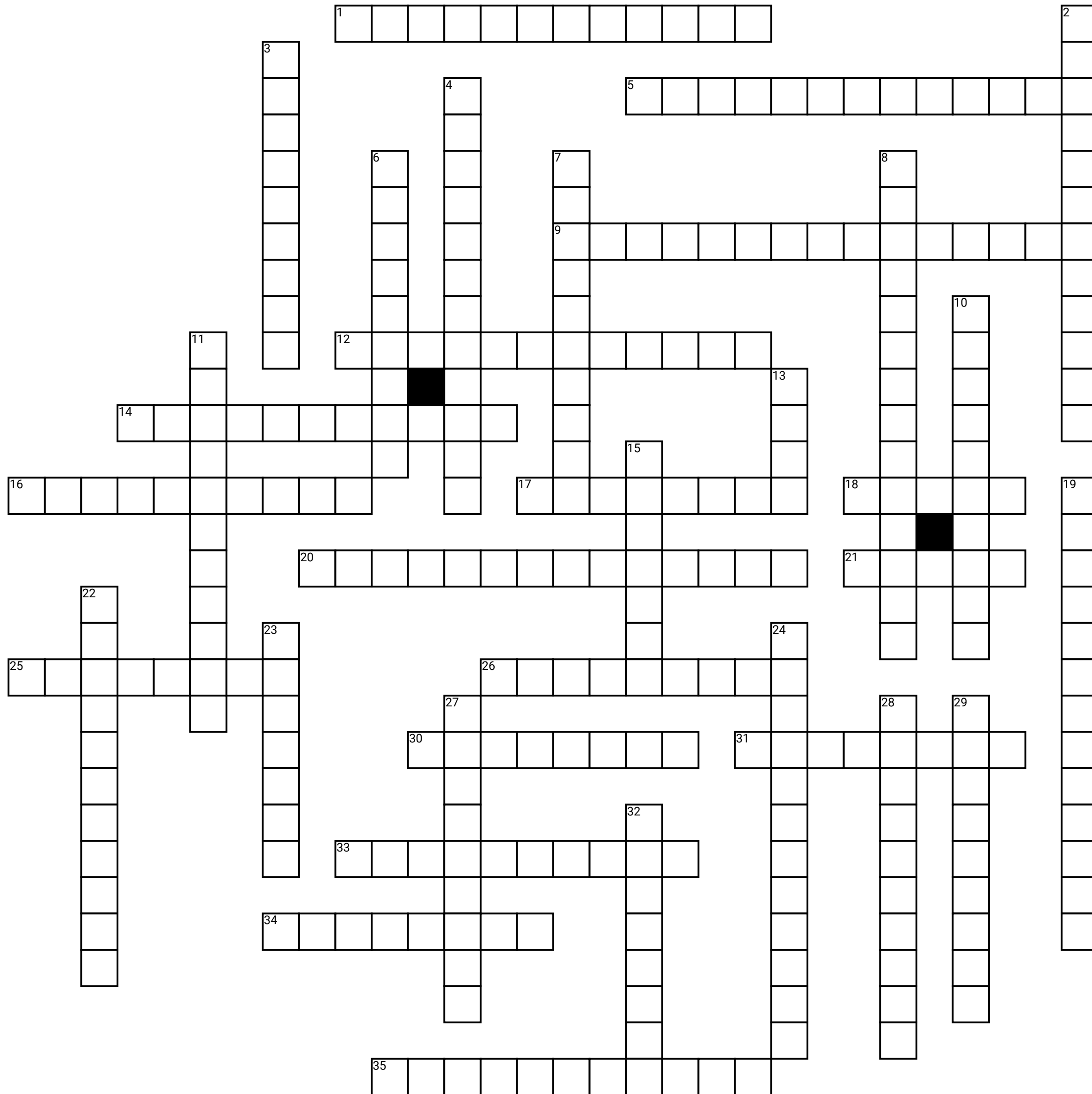
OBSTETRIC ANESTHESIA



Across

1. Methylergonovine is contraindicated in this condition for the treatment of uterine atony.

5. Nitroglycerine, a venodilator (with some arterial effects), also serves as a uterine relaxant. Has been shown in animal studies to have increase uterine flow in the setting of ___________-induced hypertension. It is used at doses of 50 to 200 mcg for uterine inversion.

9. Clinical manifestations of this disorder typically are hyporeflexia, sedation, nausea, vomiting, flushing, urinary retention, ileus and skeletal muscle weakness.

12. Additional epidural medication administration to combat pain for the second stage of labor (which is associated with S2-4 dermatomes/pudendal nerve) must be given between these.

14. Cardiovascular collapse due to _________ toxicity should be treated with 20% intralipid (4 mL/kg then 0.5 mL/kg/min according to Barash, 1.5 mL/kg then 0.25 mL/kg/min according to Guy Weinberg [founder of LipidRescue])

16. Retinopathy of Prematurity is an _________ condition believed to occur because of increased angiogenic factors caused after a preterm infant is no longer on supplemental O2 and the avascular retina becomes hypoxic. While the fetus is still in utero the mother shouldn't be given supplemental O2 @ FiO2 exceeding 0.8. It is most likely to occur in babies born >12 wks premature.

17. This drug maintains hemodynamic stability via effects on the SNS, but also increases uterine tone (leading to decreased placental blood flow) if given in large doses. Doses of 0.25mg/kg provides significant analgesia in addiction to being proven efficacious in women of quesitonable hemodynamic stability and in mothers with asthma alike.

18. ACE inhibitors and ARBs are contraindicated in pregnancy due to their association with adverse fetal effects. Drugs in these classes are associated with a number of serious fetal malformations including oligohydramnios, fetal and neonatal renal failure, bony malformations, limb contractures, pulmonary hypoplasia, prolonged hypotension and neonatal _____.

20. ______________ is the drug of choice for epidural analgesia and a decompensating fetus.

21. The most common cause of maternal hemorrhage is uterine ______ which can be treated with the following: 10-20 U Pitocin infusion over 10 mins, Methylergonovine 0.2 mg IM, Prostaglandin F2α, Misoprostol 600 μg administered orally.

25. Although useful in certain settings (ex. hemodynamic instability), this drug when given at doses > 1 mg/kg has been shown to increase the intensity of uterine contractions and cause neonatal depression.

26. In low-income and middle-income countries, preeclampsia and its convulsive form, __________, are associated with 10–15% of direct maternal deaths

30. Damage to the conus medullaris following spinal anesthesia includes persistent unilateral sensory loss (and sometimes pain) at the levels of L4-S1 & can cause potential ______ _____ (two words).

31. Treatment for spinal headaches begins conservatively. Recommendations include bed rest, _______ and oral pain relievers. If your headache hasn't improved within 24 hours, an epidural blood patch may prove necessary.

33. Prostaglandin F2α (carboprost/Hemabate), used to treat uterine atony, may increase airway _______. This drug should be used with caution in patients with asthma or hypertension.

34. Due to this drug's ability to readily cross the placenta, coupled with it's higher incidence of neonatal respiratory depression, it's use is currently avoided in labor pain management.

35. Tocolytic agents are drugs that prevent preterm labor and immature birth by __________ uterine contractions. These include; magnesium sulfate, beta-mimetics, oxytocin antagonists, calcium channel inhibitors, and adrenergic beta-receptor agonists.

Down

2. For emergency treatment in __________, IV hydralazine, labetalol and oral nifedipine can be used.

3. PaCO2 is ___________ about 10 torr during pregnancy.

4. This ultra short-acting opioid has recently gained traction in the OB anesthesia setting as it's rapidly metabolized by the neonate.

6. NSAIDS, such as _________, are not recommended for labor analgesia because they suppress uterine contractions & promote closure of fetal ductus arteriosus. Intentional closure after birth (should it not occur spontaneously) is achieved with Indomethacin.

7. Uterine rupture is far more common in a scarred uterus, indicating scar __________ as the major pathophysiology.

8. Decrease in fetal HR @ or after peak of contraction, associated with fetal compromise is due to ___________ insufficiency.

10. _________ agents include oxytocin, ergot alkaloids, and prostaglandins.

11. This nerve plexus supplies the viscera of the pelvic cavity & gives rise to the prostatic plexus in males and uterovaginal plexus in females. Inferior _________ plexus.

13. The minimum volume required to initiate epidural labor analgesia is _____mL of local anesthetic.

15. IV _______ can temporarily antagonize most of the effects of hypermagnesemia. A loop diuretic along with an infusion of ½-normal saline in 5% dextrose enhances urinary magnesium excretion. Diuresis with NS is generally not recommended to decrease the likelihood of iatrogenic hypocalcemia, because the latter potentiates the effects of hypermagnesemia.

19. About 1% of placentas are retained. Sometimes removal can be accomplished manually, with IV sedation or inhalation of nitrous oxide. If uterine relaxation is necessary, 50-150 ucg of IV _______ can be administered. Occasionally, general anesthesia is required.

22. Test doses of Lidocaine, 45-60mg, Bupivacaine, 7.5-10mg, Ropivacaine, 6-8mg, or Chloroprocaine, 100mg, can be given to exclude unintentional ___________ placement.

23. Dosages of NMBAs should be _________ by 25–50% during state of hypermagnesemia.

24. ___________ plexus blocks are no longer used because of their association with relatively high rate of fetal bradycardia.

27. Postpartum hemorrhage, the loss of more than 500 mL of blood after delivery, occurs in up to 18 percent of births and is the most common maternal _______ in developed countries.

28. This drug is possibly the most commonly used opioid in labor analgesia currently (@ doses of 10-25 mg IV or 25-50 mg IM), despite the fact it rapidly crosses the placenta and can remain in the neonate for up to 3 days.

29. Arterial PaO2 is _________ about 10 torr during pregnancy.

32. By the 12th week of pregancy, pCO2 is about 30 mmHg, resulting in a respiratory alkalosis, but pH is normalized secondary to a compensatory metabolic _________, with HCO3 decreasing from 25 meq/l to 21 meq/l.

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