Abstract

There are no recent evidence-based publications containing specific information about the anaesthetic management in emergency C-section. Hence the decision to carry out a systematic evaluation of the existing literature on the anaesthetic management of obstetric patients undergoing emergency C-section, in order to determine the most adequate evidence-based intervention. A systematic review of the literature was undertaken in MEDLINE, 1966 to December 2010, Cochrane Collaboration registry of clinical trials, Cochrane systematic review database, and LILACS. The study selection process was undertaken independently by two researcher-reviewers, who identified controlled clinical trials and cohort studies of anaesthetic management in emergency C-section. The data were extracted, reviewed and subjected to quality evaluation in duplicate fashion. In total, 2,297, 36, 221, and 16 potentially relevant papers were found, respectively, 9 clinical trials and 7 observational studies. A heterogeneity analysis was done using I2, with a result of 52%, and for this reason no meta-analysis was conducted. Conclusions: The anaesthetist plays a critical part in mother-and-child care, prioritization of the C-section urgency, peridural anaesthesia extension with 2% lidocaine plus adjuvants (fentanyl plus fresh adrenaline), the use of vasopressors (phenylephrine, ephedrine) for the aggressive management of hypotension, the use of oxygen supplementation and the adequate management of general anaesthesia when indicated, contributing to a favourable impact on the outcome for both the mother and the baby. Long-term neonatal outcomes are not influenced by the type of anaesthesia given to the mother.

Keywords

Obstetric anesthesia, Cesarean section, Emergencies, Anesthesia.