

Regional anaesthesia for abdominal hysterectomy – Is it an option?

Nabila Arfah Mohd Yassin, Maherah Kamarudin, Siti Zawiah Omar

Department of Obstetrics and Gynaecology, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

ABSTRACT

Introduction: General anaesthesia is traditionally preferred over regional anaesthesia for abdominal surgery due to fear of intraoperative visceral pain. However, it carries a myriad of serious complications than the latter. We report a case of successful abdominal hysterectomy for a 24-week size uterus with multiple leiomyomas performed under regional anaesthesia in University Malaya Medical Centre, Kuala Lumpur. **Case Description:** A 34-year-old lady with childhood paraplegia, scoliosis (30° to the Right) and restrictive lung disease presented with multiple episodes of severe anaemia secondary to heavy menstrual bleeding requiring admissions and blood transfusions since December 2019. Due to her restrictive lung function (FVC 39%, FEV1 40%, FEV1/FVC 1 80%) and high perioperative mortality and morbidity she was counselled for abdominal hysterectomy under regional anaesthesia. Intraoperatively, she was given spinal anaesthesia, Pfannenstiel incision and the hysterectomy took 115 minutes, she was discharged well at day 2 post surgery with no complications. **Discussion:** A randomized trial (RCT) of 40 women in 2009 done in Montreal, Canada has concluded that spinal anaesthesia has lower postoperative pain score and lower morphine consumption, shorter post-operative care unit admission and shorter duration of hospital stay compared to general anaesthesia. An RCT done in 160 Swedish women in 2011 has similar findings and spinal anaesthesia was more cost-effective than general anaesthesia. Regional anaesthesia is a viable option with encouraging outcome and in line with ERAS (early recovery after surgery) recommendation in patients undergoing abdominal hysterectomy in comparison to general anaesthesia.

A clinical audit of the practice of ventouse-assisted delivery in a tertiary hospital

Syazwani Akmal Hj Abu Bakar, Munirah Samsudin, Soon Leong Yong, Roziah Husin, Rozihan Haji Ismail

Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

ABSTRACT

Introduction: The rate of subaponeurotic haemorrhage (SAH) associated with ventouse-assisted delivery (VAD) in Tengku Ampuan Afzan Hospital had increased in 2020. Therefore, the aim of this study was to audit the practice of VAD against the departmental standard operating procedure (SOP). **Methods:** 434 VADs from 1st January 2020 to 31st December 2020 were included. Audit targets were: notifying specialists before VADs (100%), fulfilment of prerequisites (100%), avoidance of VAD below 36 weeks of gestation (100%), cup placement at a flexion point (100%), completion of VAD with maximal 3 moderate pulls (100%), discontinuation of VAD when there was no progressive fetal head descent (100%), discontinuation of VAD after two cup detachments (100%) and paediatric team's presence during VAD (100%). **Results:** Of 434 VADs, notifying specialists before procedure happened in 98.9% of cases, and 99.5% of cases fulfilled the prerequisites of VAD. VADs were performed on 12 cases with their gestational age being under 36 weeks. Completion of VAD with a maximum of 3 moderate pulls was achieved in 96.1% of cases. Of 8 cases of unsuccessful VADs, 100% of them had discontinuation of VAD because of no progressive fetal head descent or two cup detachments. Paediatric team's standby happened in 99.8% of cases. The accuracy of cup placement could not be assessed due to inadequate documentation. **Conclusion:** The overall compliance with the departmental SOP on VAD was inadequate. The key recommendations from this audit include reinforcement on adherence to the departmental SOP and documentation of cup placement post-procedure in case notes.