Single dose spinal anesthesia for the management of labor pain in the developing world: defining the benefits

Injection intrathécale d’une dose unique pour l’analgésie obstétricale dans les pays en voie de développement : définir les bénéfices

Keywords: Labor pain; Labor analgesia; Spinal analgesia; Single dose; Obstetric anesthesia

Mots clés : Douleur de travail ; Analgésie obstétricale ; Rachianesthésie ; Dose unique

In response to the concerns raised by Dr. Guedj in his letter to the editor regarding our study on single dose spinal analgesia with combination of morphine, bupivacaine, and clonidine for the management of labor pain in Indonesia we would like to make the following comments (defining the benefits of this technique) [1].

First, the recently published (April 2007) document Practice Guidelines for Obstetric Anesthesia, An Updated Report of the American Society of Anesthesiologists Task Force on Obstetric Anesthesia, Single-injection Spinal Opioids with or without Local Anesthetics section states “The literature suggests that spinal opioids with or without local anesthetics provide effective analgesia during labor without altering the incidence of neonatal complications” [2].

Second, in a recent prospective, double-blind study Kanazi et al. evaluated the duration of anesthesia, hemodynamic stability and side effects of intrathecal bupivacaine supplemented with 30 µg of clonidine, and concluded that clonidine, 30 µg when added to intrathecal bupivacaine, produced prolongation in the duration of the motor and sensory block with preserved hemodynamic stability and lack of sedation [3].

Third, meta-analysis of the pertinent literature determined that the timing of labor analgesia does not affect the frequency of cesarean section [2]. The literature also suggests that other delivery outcomes (e.g. spontaneous or instrumental delivery) are also unaffected by the early initiation of labor analgesia [2].

Fourth, institutions providing obstetric anesthesia care (of any kind) should have resources (personnel and equipment) available to manage complications [2].

Fifth, although ambulatory labor analgesia offers many advantages to the parturient (e.g. enjoyment of mobility, autonomy and self-control in labor, increased uterine activity and increased intensity of contractions, decreased frequency of contractions, decreased pain, decreased duration of the first stage of labor, decreased incidence of fetal heart rate abnormalities and decreased incidence of operative and/or assisted deliveries), and it is available to the laboring women at the University of California, San Diego it requires highly trained anesthesia personnel and equipment not easily available in many developing countries [4].

Sixth, the purpose of our study was to access the suitability of single dose spinal analgesia with combination of morphine, 0.25 mg, bupivacaine, 2.5 mg, and clonidine, 45 µg [which had not been previously studied in Indonesia] for pain control in labor in Indonesian women (as a model for the developing world) [5].

Seventh, we did not study single dose spinal analgesia with combination of morphine, bupivacaine, and clonidine as an alternative for epidural labor analgesia (which for economical reasons is not widely available in many developing countries).

References


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Available online 10 August 2007

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doi:10.1016/j.anfar.2007.06.004

Détresse respiratoire révélant une hernie diaphragmatique au cours d’une césarienne

Respiratory distress revealing a diaphragmatic hernia during a cesarean section

Mots clés : Détresse respiratoire ; Hernie diaphragmatique ; Césarienne

Keywords: Respiratory distress; Diaphragmatic hernia; Caesarean section

Nous rapportons l’observation d’une détresse respiratoire au cours d’une césarienne sous rachianesthésie révélant une hernie diaphragmatique jusque-là méconnue.

Il s’agissait d’une primipare âgée de 24 ans, pesant 69 kg pour 1,64 m et sans antécédents particuliers. La grossesse était bien suivie jusqu’à son terme. La patiente était admise à la