

CODE: 011

Question: Obstetrics

Type:

Author:

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**Opening Scenario:**

You are covering the obstetrical suite for the day. You hear a commotion from the reception area and as you approach you see a young woman having a grand mal seizure; she is obviously pregnant in her third trimester. What do you do?

**Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:**

Having dealt with the seizure, you are then told by her spouse that she was referred directly in by her G.P. to be seen by the obstetric consultant for HT and proteinuria. The obstetrician see her, does a thorough but expeditious assessment and after ascertaining her lab work, wishes to section her. BP 200/120 HR 85, Hypereflexic and papilledema present. Lab Hb - 120, Plts 190,000 Lytes N, Pt/PTT N. Liver function tests N

**Major decision points (major decision points or options which must be recognized by the candidate)**

- One wants to see quick, decisive assessment of seizing patient and appropriate treatment of same.
- Thorough appreciation of eclamptic patient - preop assessment, appropriate use of invasive monitoring, rational decision regarding choice of regional vs. general anaesthesia and finally, disposition of patient postoperatively.

**Any followup information required to lead to the end of the question**

Following induction (either by regional or general)  
Significant hypotension occurs - how is this dealt with?

**Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable***

- Adequate resuscitation for seizure
- Appreciation of pathophysiology of eclampsia
- Some discussion of the rationale for choosing regional or general
- Appropriate use of invasive monitoring

Ref: RCEXAMS2.NOV.94

USED:

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