MASSIVE ASPIRATION OF GASTRIC CONTENTS DURING OBSTETRIC ANAESTHESIA

Sir,—I was shocked to read the almost incredible tale of misfortune which befell the unfortunate patient who inhaled vomitus during a general anaesthetic for a forceps delivery, resulting finally in a state of chronic invalidity. (Adams et al. Brit. J. Anaesth. (1969), 41, 176.)

At the end of the report the authors draw certain conclusions as guides for the management of similar problems in the future. However, they fail to stress, or even to mention, the most important lesson of all, that the whole series of catastrophes would have been avoided had the patient not been given a general anaesthetic. Until the point is more widely appreciated that general anaesthesia in the labour room is always dangerous, and that local analgesia (e.g. pudendal block, caudal block) is simple and satisfactory for such operations, there will be repetitions of disasters of this nature.

A survey carried out over a recent twelve month period has shown that in this hospital almost 92 per cent of forceps deliveries are performed under local analgesia. This percentage is steadily rising as our obstetricians become more and more convinced of the safety and desirability of local analgesia for these procedures. The nearer 100 per cent the figure becomes, the less the chance of a young woman being reduced to permanent ill-health or even dying as a result of exposure to the avoidable dangers of general anaesthesia for a forceps delivery.

M. C. NEWLAND
South Australia

The following reply to the above letter has been received:

Sir,—We agree with Dr. M. C. Newland that the emphasis must be upon the prevention of inhalation of gastric contents in the obstetric patient, and this risk can be minimized by use of local analgesic techniques.

Our publication was a case report intended to publicize, once again, the occurrence of such a catastrophe and to discuss the difficulties in management of a severe case of Mendelson's syndrome. It was not our intention to stress, or even to mention, the most important lesson of all, that the whole series of catastrophes would have been avoided had the patient not been given a general anaesthetic. Until the point is more widely appreciated that general anaesthesia in the labour room is always dangerous, and that local analgesia (e.g. pudendal block, caudal block) is simple and satisfactory for such operations, there will be repetitions of disasters of this nature.

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REFERENCES