

Equal - Second Prize

Topic: A memorable Anaesthetic experience

This incidence occurred during my training as a Nurse Anaesthetist. We were almost at the final phase of our course, when we were posted to the provinces for practical experience in the year 2007. My team of three students were posted to the Pro Government Hospital in the southern province of Freetown.

The incidence involved a pregnant lady who came in for an emergency caesarean section due to prolonged labour. The patient a young lady of about 18 years – Primigravida came in for admission at about 11am on that Saturday with history of labour pain of over 24 hours.

After having been seen by the Surgeon and indicated Caesarean Section as line of treatment due to cephalo pelvic disproportion (CPD), we as nurse anaesthetists on duty were informed. General pre-anaesthetic assessment was done and patient condition was observed to be satisfactory for a spinal anaesthesia to be administered. This was discussed with the Surgeon who reluctantly agreed as he has been used to doing surgery under General anaesthesia using Ketalar. The patient was brought into the theatre, laid on the couch. Assembling of my anaesthetic drugs on tray was done which included: The spinal block of Bupivacaine 0.5%, Ephedrine, Atropine, IV Fluids etc – 2 litres was available at first. One was then set up using a gauge 18 cannula and patient was preloaded with Ringers lactate of about 500mls. The patient was then positioned on the couch, space identified for infiltration of the local anaesthetic, which was at the level 1 of L3 L4 in a sitting position.

The local anaesthetic of Bupivacaine 2.2mls was administered as patient was observed to be under weight of about 58Kg. However, immediately the drug was injected and patient asked to lie down, we noticed a drastic change in patient's condition.

When I checked the Pulse oximetry, SPO₂ had dropped to about 70% and reducing rapidly until 30%. Patient was checked and felt weak and thready, Blood pressure checked by another colleague and gave a negative response. Respiration became slow and shallow. Above all this to add to my frustration, the Surgeon started shouting and making sarcastic comments about why he dislikes spinal anaesthesia and went to the extend of thanking God that he had not laid a hand on patient or even made any cut on him. He just stood there folded his arms and was watching us.

One of my colleagues started ventilating the patient with an ambu bag, whilst I administered Ephedrine of about 6mg and other continue monitoring of the Blood pressure. Atropine 1mg was given IV and meanwhile all this time my eyes were on the Pulse oximetry. IV fluid was increased and by this time I and my colleagues were sweating profusely.

After a while of this resuscitation, a positive response was seen from the patient of improvement. The SPO₂ increased to about 80% then to about 97%. Pulse started

beating regularly and then patient's respiration gradually returned to normal. At this stage, the Surgeon having seen some life on patient, started making fun of us, but to be candid, it was a frightening experience. Patient surgery was successful and baby also survived.

But what I want to say at this junction is that I am presently working now with that same Surgeon that I got this experience from and keeps reminding me of it whenever I am about to give a Spinal anaesthesia.