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Deep Brain Stimulator and Cesarean Section - A Case Report

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It is challenging for the anesthetists to manage the patient who is implanted electrical deep brain stimulator (DBS). In addition, hormonal change during pregnancy can worsen symptoms related motor disorders and it is possible to be difficult to manage pregnant patient with DBS. Because there is little information on the management of pregnant patients with deep brain stimulators, close cooperation is necessary between surgeons, medical doctors and anesthesiologists. In this case, a 37-year-old female presented for delivery who had uncontrolled generalized dystonia since she was a child and implanted deep brain stimulator 4 years ago. An obstetrician and anesthesiologist decided to do a Caesarean operation because of emergent situation such as respiratory arrest and fetal distress. We discussed the method to induce her delivery with Neurosurgeon who operated a deep brain stimulator implantation. We induced general anesthesia because her aggravated symptoms without DBS had trouble in bending her body for spinal anesthesia and risk of respiratory difficulty. A deep brain stimulator was turned off by a technician before an incision. The operation was done successfully without problem. As soon as the operation ended, a deep brain stimulator was turned on by a technician. The endotracheal tube was extubated after confirming the sufficient recovery of spontaneous respiration and consciousness and she recovered without problem. Through this case, general anesthesia can be an alternative to operate a parturient who has a deep brain stimulator.