

Presidents Message

Dear YSOA member,

I am so glad to see the crocus and daffodils flowering and the evenings becoming lighter now! Spring is knocking and it's certainly longed for - it has been quite a winter for the NHS.

We have seen some of the most pressured days for our acute hospitals ever, necessitating care provision on corridors, extra beds on our wards, all whilst still trying to maintain safe standards and good care for our patients. Our staff have been pulled left, right and centre to cover the staffing gaps. Our time to investigate complaints and incidents has been eroded, temporarily, to allow us tackle the acute clinical demand. We know when people and systems are under pressure, we are more likely to see adverse outcomes increase. It is more important than ever to record these issues, so we can explore the events leading to that outcome, to continue that culture of learning, of sharing learning that we need to have in our profession.

The YSOA is committed to sharing knowledge and skills amongst our membership in Yorkshire, to strengthen the care we provide to our expectant mothers, and our calendar offers two events per year to support our aim. Our ASM in April has another outstanding programme and speaker line-up that should not be missed! We will be giving delegates an opportunity to learn from leading experts in obstetric anaesthesia, obstetrics, research and legal matters. Topics to refresh and update us, topics on germinating the right culture in our units.

Our Anniversary meeting at Hinsley Hall in September a 2022 allowed our local Obstetric Anaesthetic trainees to share learning from patients they had cared for, for the benefit of other individuals, teams and patients. AS always, this was a lovely evening of good company, great presentations and with a delicious dinner thrown in too!

I am pleased to announce that we have two new trainees joining us as YSOA trainee reps, Dr Ed Knights, currently in Bradford and Dr Liz Lowis, currently in Leeds. We are very grateful to have them on board. We are also very grateful to Dr James Wright and Dr Vishal Pai for their valuable input over the last two years. WE are hoping for another bumper number of abstracts from a region's trainees again to showcase their hardwork.

I really do look seeing you all in April in Bradford,



Dr Sarah Radbourne: YSOA President

Dr Sarah Radbourne—President of YSOA



Village South Leeds Hotel, Annual Scientific Meeting, Tuesday 25th April 2023

Dates for your diary

YSOA Annual Scientific Meeting 2023

Village South Leeds Hotel, Tuesday 25th April 2023.

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk or
wayne.sheedy@talktalk.net

YSOA Anniversary Meeting

Friday September 30th 2023

Fee £25, includes Dinner

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk or
wayne.sheedy@talktalk.net

Membership details

Membership is free to all trainees and consultants in the Yorkshire and Humber region. Membership ensures you receive information regarding upcoming events and this amazing newsletter!

If you wish to become a member please forward the following information to:

obstetricday@hotmail.co.uk

Name:

Grade:

Employing Trust:

Locality if in a training post (East/South/West)

A reliable contact email address:

Yorkshire Society of Obstetric Anaesthetists

Yorkshire Society of Obstetric Anaesthetists Annual Scientific Meeting
Village Leeds South Hotel, 25th April 2023

Time	Session
0830 – 0915	Registration
0915 – 0920	Welcome / Introduction: Dr Simon Ali, Consultant Anaesthetist; Dr Sarah Radbourne, Consultant Anaesthetist, Mid Yorkshire; President YSOA
Session 1 – Chair: 1	
0920 – 1000	Recent Developments in PEG Professor Jeremy Myers, Professor of Obstetric & Maternal Medicine University of Manchester
1000 – 1040	Anaesthesia for the obese parturient, what we can learn from bariatric anaesthesia Dr Andrew McEachern, President SOBA UK
1040 – 1110	Tee / Coffee
Session 2 – Chair: 2	
1110-1150	GUICH (Growing Up with Congenital Heart) disease and Pregnancy Dr Kate English, Consultant Cardiologist, LTHT, Y&H CHD GDN
1150 – 1220	TrIVA in Obstetrics Dr Kavita Mistry, Consultant Anaesthetist, deputy college tutor, Cardiff & Vale UHB LUNCH 1220-1330
Session 3 – Chair: 3	
1330 – 1410	Managing gastrointestinal orders in the pregnant patient Dr Christian Selinger, Consultant Gastroenterologist & Lead for iSO, Leeds Teaching Hospitals NHS Trust
1410 – 1440	Trainee Oral Presentations
1440 – 1505	Pro-Con Debate: "For a safe obstetric unit there should be consultant obstetric anaesthetists on the site 24/7" Pro-side: Dr Brian Williamson, Con-side: Dr Amanda Vipond
1505 – 1530	Tee / Coffee
Session 4 – Chair: 4	
1530 – 1610	Impact of the recent National Obs/Gyno reports Dr Sarah Winfield, Regional Lead Obstetrician for the North East, North Cumbria, Yorkshire and the Humber, NHS England
1610 – 1640	Inquests/HSIB process and support for doctors Rebecca Allen, Legal Services Manager, Bradford Royal Infirmary
1640 – 1650	Prizes / Close



Village South Leeds Hotel

Essential Information

- 5 CPD points awarded from the Royal College of Anaesthetists

Meeting Fee (members):

- Consultants £130 (£120)
- SAS/Trainee £80 (£75)
- ODPs/midwives £25 (£25)

Payment by BACS to following Account (Yorkshire Society of Obstetric Anaesthetists Ltd):

Acc No: 60660963

Sort Code: 30-98-97

Bank: Lloyds TSB

Email remittance:
wayne.sheedy@talktalk.net

Abstract Prizes

- Oral Presentation £100
- Poster £50

For full programme, bookings, abstract submission guidelines and further details see meeting website.

<http://ysoa.org.uk>



YSOA website and Podcasts

Podcasts from the ASM
19 are available to down-
load from our website
www.ysoa.org.uk

Username:

Admin

ysoa@gmail.com

Password:
Green42Carwash
%\$*ysoahull@\$)



Dates of courses

Obstetric Anaesthetic Emergency Course for CT2s

Hull Clinical Skills Facility tbc

York tbc

Bradford tbc

For more information please go to the Yorkshire and Humber-side Deanery Website

TOAASTY Advanced Obstetric Course

for senior trainees and consultants

Hull Clinical Skills Facility tbc

Contact: anju.raina@nhs.net or Claire.pick@nhs.net

Yorkshire Difficult Airway Course

tbc

YSOA 2022 Anniversary Meeting

Review

Hinsley Hall, Leeds, 30th September 2022

Our Annual Anniversary meeting at Hinsley Hall in Headingley, Leeds is always a lovely, informal meeting for Obstetric Anaesthetists to share experiences and learn from other units, challenges we all might come across in our specialty work. The September 2022 meeting was no exception.

We heard about four different cases, all posing clinical conundrums, requiring exceptional multi-disciplinary communication to ensure safe and timely management. Dr Tattersfield presented a case study of a parturient with subglottic stenosis and respiratory compromise requiring planned caesarean section. He discussed the rationale for using THRIVE in the peri-operative period. We recalled Dr Buglass's excellent presentation at our YSOA ASM in April 2019, when she gave a comprehensive update on the history, current evidence, recommendations regarding THRIVE, and its use in obstetric anaesthesia. Delegates shared other units' experiences of severe sub-glottic stenosis, including one which required a joint case with the ENT surgeons for a surgical tracheostomy at the time of the caesarean section.

Dr John and Dr Malik presented a case of Pre-eclampsia, which was then followed by Dr Cairns describing a case with peripartum seizures - two very different cases of pre-eclampsia, demonstrating the spectrum of this disease and the difficulty that can be encountered in establishing the cause of a woman's clinical picture.

After a delicious meal (as always is at Hinsley Hall!) Dr Ebeid then took to the stand, as summarised;

Contact Us

YSOA Administrator:

Mr Wayne Sheedy

01482 624069

w.sheedy@hull.ac.uk

Visit us on the web at
www.ysoa.org.uk

Please email any comments or feedback regarding this newsletter to W Sheedy as above.

Please forward this newsletter to your obstetric anaesthetic colleagues and trainees to let them all know all the news – thank you.

Kay Robins , Editor
(York)

Major Obstetric haemorrhage; case presentation.

Major Obstetric haemorrhage (MOH) is yet the leading cause of morbidity and mortality worldwide. It is also the second most common cause of direct maternal death in UK.

Nevertheless, MOH is a main reason for admission of a parturient post nataally to intensive care unit.

At Hull Royal Infirmary the situation was not very different when the team received a call from a young 31-year-old pregnant lady in her 31st week of gestation complaining of significant

PV bleed at home and mentioning her previous diagnosis of complete placenta previa. Other than mild asthma, she is normally fit and well.

Despite resuscitation by paramedics, on arrival to hospital she was noticed to be in severe haemorrhagic shock with SBP of 51 mmHg, cold and drowsy but responding. Estimated blood loss at that point was three litres. Immediately, patient transferred to theatres, MOH protocol activated and CAT 1 LSCS was declared especially with noticed foetal distress on CTG.

Rapid sequence induction was done with Propofol and Ketamine along with Suxamethonium through a wide bore cannula. Replacement and resuscitation fluid including O negative blood were being infused under pressure maintaining a reasonable SBP around 80 mmHg with phenylephrine infusion.

After the baby was delivered safely, uterine atony was obvious with ongoing bleeding.

Uterotonics (oxytocin, Ergometrine and hemabate) were injected in a timely manner along with tranexamic acid. Protection against lethal triad (hypothermia, acidosis and coagulopathy) was maintained. Total of ten units of packed red blood cells, eight of fresh frozen plasma units and two of platelets were infused along with cell saver blood. However, postpartum haemorrhage was still difficult to control surgically in spite of trying Bakri Balloon and the decision was taken for hysterectomy.

Unfortunately, the hysterectomy proved to be technically challenging and more time than expected was needed for the uterus to be surgically removed. However, patient was quite stable

afterwards on minimal vasopressor support, transferred as level 3 to intensive care unit where she was extubated the following day and debriefed later on the ward.

On labour ward, MOH is still one of the critical incidents that requires full attention, cooperation and immediate action from anaesthetists, obstetricians and midwifery team. In some situations, as above, extra assistance may be needed where ICU team could be asked to

come and help. Our post event debrief and reflection at HRI emphasized on the importance of communication among different members and preventing human factor errors where possible.

It also focused on the value of having a point of care testing (eg. TEG) on labour ward as well as the possibility of fibrinogen use in those incidents.

Resuscitate, stop bleeding and replace are the key words to MOH management because volume

depleted, young fit patients treated primarily with blood transfusion; usually bounce back quickly and nicely !

Dr Mohammed Ebeid - ST4 anaesthetics, Hull Royal Infirmary

Dr Pawan Pernu – consultant anaesthetist, Hull Royal Infirmary

References:

- T. Drew and J. Carvalho. (2022). Major obstetric haemorrhage. BJA Education, 22(6): 238-244.
- S. Matsunaga, Y. Takai, E. Nakamura et al. (2017). The clinical efficacy of Fibrinogen concentrate in massive obstetric haemorrhage with hypofibrinogenaemia. Scientific Reports, April 2017(7): 46749.
- P. Collins, R. Cannings-John, D Bruynseels et al. (2017). Viscoelastometric-guided early fibrinogen concentrate replacement during postpartum haemorrhage: OBS2, a double-blind randomized controlled trial. British Journal of Anaesthesia, Volume 119, Issue 3, September 2017, Pages 411–421