

## Regional anesthesia in the parturient with Von willebrand's disease

**Matthew Ellison**

West Virginia University, USA

We report a case of a parturient with Type I Von Willebrand's disease and a family history of hemophilia A in whom a combined spinal epidural was safely performed. We would like to discuss the implications of regional anesthesia and control of bleeding tendencies for these patients.

**Case Report:** A 28 year-old pregnant female presented to the hospital after spontaneous rupture of membranes with contractions occurring approximately every ten minutes. The patient was a gravida 3, para 1011 at 39 weeks gestation. The patient had a history of a spontaneous abortion at eight weeks gestation, with a subsequent dilation and curettage during her last pregnancy in 2007. In 2004, she reported the spontaneous vaginal delivery of a full term healthy child at an outside hospital. The patient did have an epidural at that time but was unsure if she received any medications prior to the placement of the epidural.

Her medical history was significant for type I von Willebrand's disease diagnosed at age twelve. She had been followed on a regular basis by the hematology service at our hospital. In addition, she also had a family history of hemophilia A. Her home medications included prenatal vitamins and intranasal desmopressin acetate (DDAVP) as needed for bleeding episodes. She reported no significant bleeding tendencies during this pregnancy and no recent use of the DDAVP.

The patient agreed to undergo placement of a combined spinal epidural after a thorough discussion of the risks and benefits. The epidural space was localized on the first attempt in atraumatic fashion utilizing a saline loss of resistance technique. A 25-gauge whitacre spinal needle was inserted through the epidural needle until clear CSF was obtained and ten mcg of sufentanil was injected. An additional 5-10 cc of saline was injected into the epidural space prior to threading of the catheter in order to decrease accidental venous catheter placement. Aspiration of the catheter after it was secured did not yield CSF or blood. An epidural infusion of 0.1% ropivacaine with 2 mcg/cc fentanyl was started at 10 cc/hour. The patient reported excellent pain control throughout her labor. The spontaneous vaginal delivery of a healthy male occurred approximately two hours after epidural placement with blood loss of approximately 200 cc. The epidural was removed 30 minutes after delivery with no bleeding from the catheter or epidural site. Serial neurological exams performed at one and four-hour subsequent intervals were normal.

### Biography

Matthew Ellison graduated with a Bachelor of Science in Civil Engineering from West Virginia University. He also completed medical school and an Anesthesiology residency at WVU where he was chief resident from 2007-08. He is currently an assistant professor in the Department of Anesthesiology at WVU where he practices general, cardiac, and regional anesthesiology.

mellison13@yahoo.com