

## Obesity: Anesthetic and Caesarean Procedure Complications in the Teaching Centers of Cotonou

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**Presentation:** The dismalness townships of the heftiness at the ladies are the entanglements of pregnancy, the dystocia, and the labors by caesarian system. This study had for target to decide the recurrence of the heftiness at the parturient, to esteem the effect of the stoutness on the labor by cesarean and the confusions postoperative prompt in the showing medical clinics of Cotonou. **Patients and strategy:** We did an imminent, relative and diagnostic study of January 13 to April 13, 2012. 800 ninety-one continuous parturient having had a Cesarean was incorporate. We contemplated the sedative strategies, the procedures of control of the aeronautical ways, the quantity of fundamental tests for the tracheal intubation, the intricacies and aftercare of the initial 48 hours. A correlation has been made by the BMI. The weight has been characterized by a BMI  $\geq 30$  kg/m<sup>2</sup>. The parturient has been arranged in two gatherings: Non stout: BMI  $\leq 30$  kg/m<sup>2</sup>, corpulent: BMI  $\geq 30$ . **Results:** The stoutness has been recouped at 286 parturient is 32.10%. There were 703 (78.90%) Cesareans in crisis and 188 (21.09%) modified Cesareans. The stout parturient additionally required all the more often a few lumbar punctures (p

As indicated by a WHO's report, in excess of 33% of the ladies and a fourth of the men in Africa are in overweight, and these extents should increment to 41% and 30% separately during the following ten years. The late inclinations in the urbanization of the creating nations and the internationalization of the food advertise add to change the conduct of individuals and their style of life. The changes of way of life, bound to the sustenance, progress of the conventional to the advanced propensities, headed to the rise of the overweight and the corpulence [1,2]. A neighborly study prompted Cotonou restores a

pervasiveness of overweight of 35.3% and the one of the stoutness to 27.3% with a female transcendence: 16.9% at the men versus 36% at the ladies [3]. The bleakness townships of the corpulence at the ladies are the entanglements of pregnancy, the dystocia, and the labors by caesarian technique

Our overview occurred in the administration of sedation revival, the employable squares, to the serious consideration, the conveyance rooms, the administrations of hospitalization, the neonatology administration of two scholarly parenthoods of Benin,. We did a forthcoming, similar and explanatory overview of January 13 to April 13, 2012. Sier the positive assessment of the neighborhood morals board of trustees and the assent of the parturient. We gathered the information by a normalized survey. 800 ninety-one continuous parturient having had a Cesarean were incorporate. We contemplated the sedative methods, the procedures of control of the flying ways, the quantity of important tests for the tracheal intubation, the entanglements and aiercare of the first 48 hours. An examination has been made by the BMI.

The spinal sedation and the general sedation were polished with a similar recurrence at the stout parturient as non-corpulent (Table 2). The fat parturient had a score of Mallampati all the more much of the time subsequently better than 2 were increasingly helpless to introduce some laryngoscopies the intubation. These parturient required a few laryngoscopies all the more regularly before the intubation. The large parturient additionally required all the more much of the time a few lumbar punctures he parturient that benefited from the Cesarean in the scholarly clinics of Cotonou and to decide the effect of

the weight on the entanglements of the Cesarean. The pervasiveness of the weight at these parturient was of 32.10%. It was better than the 10.73% of everybody in the Benin [7]. In spite of the fact that the WHO defined the heftiness for a BMI  $\geq 30$  kg/m<sup>2</sup> ; at the parturient it is important to assess the beneficial weight contained in the uterus, of the Sodium maintenance and the advantageous oily mass of because of the pregnancy. The heftiness would be defined then at the parturient for a BMI  $\geq 35$  kg/m<sup>2</sup> [8]. The pervasiveness of the weight at the parturient would be then of 24.80%. It stayed better than the 14.52% recuperated in the urban populace by Gary Many changes drove by pregnancy are added to those of the heftiness to head to utilitarian changes, a decrease of the physiological hold and  $\Delta$ nal to an expanded sedative and obstetric hazard The dL<sup>3</sup>cult\ of intubation has been observed at 12.59% of the parturient obese vs. 7.11% at the non-obese parturient. The impact of the failures of the intubation is the order of 1/280 at the parturient against 1/2230 in the general population of the patients operated [12-14]. The failure of the intubation was observed

The corpulence is visit at the parturient in Benin; the perplexing pathophysiologic modifications of the weight to the physiological modifications of pregnancy highlights the laryngoscopies of acknowledgment of the tracheal intubation and the spinal sedation. The post-usable difficulties are progressively visit aier the Cesarean at the fat parturient.

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