

Changing Trends in the Use of Induction Agents for General Anesthesia for Cesarean Section

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Abstract : Background: During current practice, Thiopentone is not cost-effectively added to resources wastage, risk of drug error with antibiotics, short shelf life, infection risk, and risk of delay while preparing during category one cesarean section. There is no significant difference or preference to the other alternative as per current use. Aims and Objectives: Patient safety, Cost-effective use of trust resources, problem awareness, Consider improvising on the current practice. Methods: In conjunction with the local department survey results, many studies support the change. Results: More than 50%(15 from 29) are already using Propofol, more than 75% of the participant are willing to shift to Propofol if it becomes standard, and the cost analysis also revealed that Thiopentone 10 X500=£60 Propofol 10X200= £5.20, Cost of Thiopentone/year =£2190. Approximately GA in a year =35-40 could cost approximately £20 Propofol, given it is a well-established practice. We could save not only money, but it will be environmentally friendly also to avoid adding any carbon footprints. Recommendation: Thiopentone is rarely used as an induction agent for the category one Caesarean section in our obstetric emergency theatres. Most obstetric anesthetists are using Propofol. Keep both Propofol and thiopentone(powder not withdrawn) in the cat one cesarean section emergency drugs tray ready until the department completely changes the practice protocol. A further retrospective study is required to compare the outcomes for these induction agents through the local database.

Keywords : thiopentone, propofol, category 1 caesarean, induction agents

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