



MANUAL PRÁCTICO DE ANESTESIA OBSTÉTRICA

Coordinadores: Lucía Ponce García - Adrián Fernández Costinaga

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Manual Anestesia Obstetrica

Raúl Carrillo Esper, Jaime Rivera Flores

Manual Anestesia Obstetrica:

Chestnut. Anestesia obstétrica. Principios y práctica David H. Chestnut, Cynthia A. Wong, Lawrence C. Tsen, Warwick D Ngan Kee, Yaakov Beilin, Jill M. Mhyre, Brian T. Bateman, Naveen Nathan, 2020-09-15 Presenta la información más actualizada sobre las técnicas de anestesia para el parto y sobre los trastornos médicos que se producen durante el embarazo y pone en primer plano el tratamiento del feto y el de la madre como pacientes diferenciados con distintas necesidades. Contiene nuevos capítulos sobre la toma de decisiones compartida en anestesia obstétrica y sobre el dolor crónico durante y después del embarazo. Incluye extensas revisiones a lo largo de toda la obra e información sobre la infección materna y sobre la analgesia postoperatoria. Cubre temas clave como la valoración y la reanimación neonatales, la farmacología durante el embarazo y la lactancia, el uso de óxido nítrico en la analgesia para el parto, la técnica del bolo epidural intermitente programado, BEIP, la fiebre asociada a la analgesia epidural, la función de la ecografía gestrica en la evaluación del riesgo de aspiración, el uso de sugammadex en la anestesia obstétrica, la función de la videolaringoscopia y de los nuevos dispositivos de las vías aéreas supraglóticas, la espina bífida y la parada cardíaca en pacientes obstétricas. Aborda las más recientes directrices sobre cardiopatías congénitas y sobre el abordaje de la sepsis, así como de la vía aérea difícil en la práctica de la anestesia obstétrica. Presenta un gran número de figuras, tablas y cuadros que ilustran el abordaje paso a paso de diversas situaciones clínicas. Incluye acceso a la versión electrónica del libro en Expert Consult en inglés. Este ebook le permite acceder al texto, las figuras, las tablas, los cuadros y las referencias bibliográficas de la obra desde distintos dispositivos. Manual Anestesia Obstetrica Sanjay Datta, 2001-06 Translation of Datta Handbook of Obstetric Anesthesia 2e 0815123493 *Capítulo 6. Anestesia obstétrica en la mujer con embarazo de alto riesgo.* Dra. Ma. Bernardette de la Luz Casillas Sánchez, Dr. Anselmo Garza Hinojosa., Dr. Gustavo González Cordero, Dra. María Esther Pérez Bastidas., Dr. Elvis González Pérez, Dra. Nereida González Cabrera, Dr. Pastor Luna Ortiz, Dr. Héctor Manuel Colín Cortes, Dr. Félix López Fundora, Dra. Celina Hortencia Montes Ruiz, Dra. Olga Cecilia Correa Chacón, Dr. Javier García Cayuela, Dr. Manuel Belmonte Ibañez, Dr. Luis Miguel Toledo Muñoz, 2020-06-08 Consideremos que el embarazo sin ser precisamente una enfermedad, es un estado fisiológico en el que fisiológicamente imposible en que casi todos los valores funcionales usuales de la mujer cambian para convertirla en un organismo apto para conservar, proteger y entregar a la vida extrauterina a un nuevo ser que engendró o que modernamente pudiera ser producto de una fertilización artificial. No podemos soslayar el problema que implica para todo el mundo la gran cantidad de mujeres que mueren durante el embarazo o puerperio por complicaciones médicas del embarazo mismo o de una patología previa que se agrava durante la gestación. Y es precisamente la experiencia de más de 40 años en el campo de la Anestesiología sobre todo atendiendo mujeres que suscita el interés casi la necesidad de producir este volumen contando con la sapiencia y muchos anestesiólogos de habla hispana de lugares que presentan problemas similares en la atención a nuestras embarazadas y familiarizados con la necesidad de aprovechar al máximo los recursos a nuestro alcance y en

ocasiones improvisando soluciones en un af n de brindar a estos pacientes madre e hijo lo mejor de nosotros mismos Muchas gracias desde el coraz n a todos estos ilustres colaboradores gracias por sus conocimientos tiempo y paciencia Capítulo 2. Anestesia obstétrica en la mujer con embarazo de alto riesgo Dra. María Bernardette de la Luz Casillas Sánchez,Dra. Olga Cecilia Correa Chacón,Dr. Anselmo Garza Hinojosa,Dr. Gustavo González Cordero,Dra. Rosario Bacquerie Luna,Dr. Miguel Ángel Paladino Beninatti,Dra. Adriana Mercuriali,Dr. Miguel Bautista Miceli,Dr. Diego Ontiveros Lira,Dr. Roberto Ruvalcaba Carrillo,2018-02-28 Consideremos que el embarazo sin ser precisamente una enfermedad s es un estado nico algunos dir n que fisiol gicamente imposible en que casi todos los valores funcionales usuales de la mujer cambian para convertirla en un organismo apto para conservar proteger y entregar a la vida extrauterina a un nuevo ser que engendr o que modernamente pudiera ser producto de una fertilizaci n artificial No podemos soslayar el problema que implica para todo el mundo la gran cantidad de mujeres que mueren durante el embarazo o puerperio por complicaciones m dicas del embarazo mismo o de una patolog a previa que se agrav durante la gestaci n Y es precisamente la experiencia de m s de 40 a os en el campo de la Anestesiolog a sobre todo atendiendo mujeres que suscitan el inter s casi la necesidad de producir este volumen contando con la sapiencia y muchos anestesi logos de habla hispana de lugares que presentan problemas similares en la atenci n a nuestras embarazadas y familiarizados con la necesidad de aprovechar al m ximo los recursos a nuestro alcance y en ocasiones improvisando soluciones en un af n de brindar a estos pacientes madre e hijo lo mejor de nosotros mismos

Capítulo 1. Anestesia Obstétrica en la mujer con embarazo de alto riesgo Dra. María Bernardette de la Luz Casillas Sánchez,2017-11-24 Consideremos que el embarazo sin ser precisamente una enfermedad s es un estado nico algunos dir n que fisiol gicamente imposible en que casi todos los valores funcionales usuales de la mujer cambian para convertirla en un organismo apto para conservar proteger y entregar a la vida extrauterina a un nuevo ser que engendr o que modernamente pudiera ser producto de una fertilizaci n artificial No podemos soslayar el problema que implica para todo el mundo la gran cantidad de mujeres que mueren durante el embarazo o puerperio por complicaciones m dicas del embarazo mismo o e una patolog a previa que se agrav durante la gestaci n Y es precisamente la experiencia de m s de 40 a os en el campo de la Anestesiolog a sobre todo atendiendo mujeres que suscitan el inter s casi la necesidad de producir este volumen contando con la sapiencia y muchos anestesi logos de habla hispana de lugares que presentan problemas similares en la atenci n a nuestras embarazadas y familiarizados con la necesidad de aprovechar al m ximo los recursos a nuestro alcance y en ocasiones improvisando soluciones en un af n de brindar a estos pacientes madre e hijo lo mejor de nosotros mismos

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enfermedad es un estado físico algunos dirían que fisiológicamente imposible en que casi todos los valores funcionales usuales de la mujer cambian para convertirla en un organismo apto para conservar proteger y entregar a la vida extrauterina a un nuevo ser que engendr o que modernamente pudiera ser producto de una fertilización artificial No podemos soslayar el problema que implica para todo el mundo la gran cantidad de mujeres que mueren durante el embarazo o puerperio por complicaciones médicas del embarazo mismo o de una patología previa que se agrava durante la gestación Y es precisamente la experiencia de más de 40 años en el campo de la Anestesiología sobre todo atendiendo mujeres que suscitan casi la necesidad de producir este volumen contando con la sapiencia y muchos anestesiólogos de habla hispana de lugares que presentan problemas similares en la atención a nuestras embarazadas y familiarizados con la necesidad de aprovechar al máximo los recursos a nuestro alcance y en ocasiones improvisando soluciones en un afán de brindar a estos pacientes madre e hijo lo mejor de nosotros mismos Muchas gracias desde el corazón a todos estos ilustres colaboradores gracias por sus conocimientos tiempo y paciencia James Young Simpson inició la administración de anestesia moderna en Obstetricia en 1847 aunque desde tiempos inmemorables la mujer en trabajo de parto fue auxiliada en su dolor principalmente por otras mujeres utilizando lo que había a la mano hierbas masajes encantamientos etc Desde el nacimiento de esta especialidad reciente han ocurrido controversias sobre su uso especialmente por razones religiosas primero por el concepto antiguo de Parir sin a tus hijos con dolor y después porque la comunidad legas como la médica enfrentaron la lucha para definir si los beneficios de administrar analgesia y/o anestesia a la madre superaban a los riesgos sobre la misma madre y el hijo A pesar del gran avance en los conocimientos sobre la fisiología y la farmacología relacionado con el embarazo y parto esta controversia continúa En los primeros años de la anestesia obstétrica AO se llevaron a cabo estudios en animales con el fin de comprender la fisiología del embarazo y parto así como la farmacocinética y farmacodinamia de los medicamentos utilizados para paliar el dolor de las madres Los resultados ayudaron ciertamente a comprender mucho de esta fisiología pero se convirtieron en dogmas sin razonar que no se puede extrapolar al 100% los resultados en estudios animales al humano Muchas veces a los primeros estudios conducidos sobre humanos adolecieron de sesgo de los investigadores La buena noticia es que durante los últimos 20 años se ha ido obteniendo un gran volumen de conocimientos basados en investigación de calidad Actualmente estamos en posición de ofrecer a todas las mujeres embarazadas un método analgésico para minimizar el dolor del trabajo parto sin plantear riesgos exagerados a la vida o función de la madre o el bebé y sin alterar de manera importante la evolución del trabajo de parto como se temía en años anteriores y más bien mejorando las condiciones fisiológicas del binomio al disminuir los niveles de catecolaminas que se liberan por el dolor El método que universalmente se acepta como de elección para esta analgesia es el Bloqueo Regional Ilum Peridural epidural subaracnoideo raquídeo o mixto cualquiera de ellos administrado por un anestesiólogo competente proporciona analgesia y tranquilidad a la madre y seguridad al feto También tiene la ventaja de fácilmente transformarse en método anestésico si las condiciones hacen necesaria una operación cesárea Por

tanto nos encontramos en una poca en que podemos administrar a toda mujer que lo solicite un m todo analg sico seguro y eficaz durante el per odo de la vida femenina que para muchas es el m s significativo en t rminos de lograr la plenitud como mujer Estoy segura de que encontrar s en estas p ginas que constituyen tambi n una manera moderna de edici n amigable con el ambiente y con posibilidad de interacci n con los autores soporte acad mico firme en donde apoyar los tres pilares fundamentales de una atenci n m dica de excelencia el conocimiento la t cnica y la actitud **Anestesiología en**

ginecología y obstetricia Raúl Carrillo Esper,Jaime Rivera Flores,2025-05-28 La anestesia en la paciente obst trica es una de las m s empleadas en todo el mundo lo que implica la importancia de conocer los aspectos anatomofisiol gicos durante el embarazo el trabajo de parto el parto y el puerperio normales as como del reci n nacido de las patolog as y las complicaciones previas o las que se desencadenan y modifican en el transcurso del embarazo El anestesio logo debe ser capaz de conocer las implicaciones del manejo anest sico que decida proporcionar a sus pacientes recordando siempre que tiene en sus manos un binomio madre hijo **Phlebotomy Essentials** Ruth E. McCall,Cathee M. Tankersley,2008 Thoroughly

updated and enhanced by new print and electronic ancillaries this full color text provides accurate practical information and instruction on phlebotomy procedures with a comprehensive background in theory and principles Reflecting current CLSI guidelines NAACLS competencies and federal regulations this Fourth Edition includes updated information on safety issues and equipment laboratory information systems and instrumentation legal issues and diagnostic tests This edition also includes caution notes identifying dangerous practices and problem areas An accompanying CD ROM includes clinical procedures videos animations electronic flashcards and a glossary with audio pronunciations Other ancillaries include a new companion Workbook an Instructor s Resource CD ROM and online resources at thePoint **Capítulo 3. Anestesia**

obstétrica en la mujer con embarazo de alto riesgo Dra. María Bernardette de la Luz Casillas Sánchez,Dra. Olga Cecilia Correa Chacón,Dra. Natalia Navarro García,Dr. Mario Parreño Caparrós,Dra. Ester López,2019-02-20 Consideremos que el embarazo sin ser precisamente una enfermedad s es un estado nico algunos dir n que fisiol gicamente imposible en que casi todos los valores funcionales usuales de la mujer cambian para convertirla en un organismo apto para conservar proteger y entregar a la vida extrauterina a un nuevo ser que engendr o que modernamente pudiera ser producto de una fertilizaci n artificial No podemos soslayar el problema que implica para todo el mundo la gran cantidad de mujeres que mueren durante el embarazo o puerperio por complicaciones m dicas del embarazo mismo o de una patolog a previa que se agrav durante la gestaci n Y es precisamente la experiencia de m s de 40 a os en el campo de la Anestesiolog a sobre todo atendiendo mujeres que suscitan el inter s casi la necesidad de producir este volumen contando con la sapiencia y muchos anestesio logos de habla hispana de lugares que presentan problemas similares en la atenci n a nuestras embarazadas y familiarizados con la necesidad de aprovechar al m ximo los recursos a nuestro alcance y en ocasiones improvisando soluciones en un af n de brindar a estos pacientes madre e hijo lo mejor de nosotros mismos

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