

Obstetric Anaesthesia Prepare For The Frca Key Articles From The Anaesthesia And Intensive Care Medicine Journal

This latest contribution to the FAAM series provides a comprehensive and up to date discussion of anaesthetic management in pregnancy, during delivery, and in patients undergoing gynaecological surgery. With authoritative contributions from international experts it is a practical reference for all anaesthetists and specialist clinicians.

Developed by UK and US anesthetists with extensive experience in theater, this book describes the latest anesthesia techniques, practices, and equipment used in current combat and humanitarian operations. Includes chapters on topics such as injuries and physiology, team members, protocols, vascular access, airway management, burns, imaging, pain management and medications, regional anesthesia, ventilation, and postoperative management.

This book examines every aspect of anesthesia in patients undergoing cesarean section. Anesthetic and surgical techniques are clearly described, with detailed guidance on indications and contraindications and identification of potential complications. Practical information is provided on postoperative analgesia, postoperative course and nursing, the significance of cesarean section for breastfeeding, and the occurrence of long-term problems and chronic pain after cesarean section. Other topics to be addressed include the history and epidemiology of cesarean delivery, effects on the fetus and neonate, ethical issues, the humanization of childbirth, and maternal expectations and satisfaction. While many books are available on obstetric anesthesia, none is exclusively devoted to cesarean section although it is one of the most frequently performed surgeries. Anesthesia for Cesarean Section will be appreciated by all anesthesiologists and will be a useful source of information for obstetricians, gynecologists, midwives, nurses, medical students, and trainees.

This issue of Anesthesiology Clinics covers the latest updates in obstetric and gynecologic anesthesia written by the world-leading experts on the topic. Procedurally-focused articles cover best practices in chronic pain management, the role of magnesium in labor and delivery, advanced airway procedures, epidural analgesia, amniotic fluid embolism and more. Achieve the best outcomes and keep current on this area of anesthesia practice.

Written by a highly regarded expert in the field of obstetric anesthesia Handy point of care Up-to-date information on the subject Good board review tool

This handbook covers all aspects of obstetric anaesthesia the trainee anaesthetist will encounter when on the labour ward. Broken down into topics, with bullet points, boxes and quick-reference clinical information throughout, this is a useful text for anyone involved in this challenging subspecialty area.

This handbook appeals to a wide audience, as it was written with the practicing anesthesiologists in mind, as well as nurse anesthetists, obstetricians, housestaff, and residents. The Obstetric Anesthesia Handbook supplies expert advice on every facet of anesthesia for childbirth and related obstetric procedures. The text is authoritative, succinct, and highly practical. It is accompanied by over 100 illustrations and tables making the text a convenient reference to the busy practitioner. The handbook is also a

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natural companion to the recently published, *Anesthetic and Obstetric Management of High-Risk Pregnancy*, by the same author

The complex healthcare needs of pregnant patients, where care is tailored to not one but two patients, pose specific challenges to anesthesiologists. This book provides concise, case-based discussion on the clinical scenarios and challenges faced in the provision of anesthesia and pain relief for expectant mothers. In the style of problem-based learning, each case is presented as a short scenario, followed by discussion of the causes, risk factors, management and controversies involved. The textbook features a wide range of cases, from common clinical scenarios that are experienced in day-to-day practice to the rare but significant pathologies less familiar to most clinicians. With a global base of contributors, the book is relevant to practice across the world. The concise format supports both trainee anesthesiologists in their initial experiences of obstetrics and exam preparation, and experienced clinicians in need of a reliable, quick-reference text.

An invaluable reference for those working in obstetric anaesthesia, as well as an essential resource for those preparing for postgraduate exams in anaesthesia, the *Oxford Specialist Handbook of Anaesthesia*, second edition provides incisive coverage of all aspects of the subspecialty and concise instructions for both antenatal and postnatal care.

The bestselling *Oxford Handbook of Anaesthesia* continues to provide state-of-the-art information on anaesthetic practice. This third edition includes new topics on regional anaesthesia, minimally invasive procedures, breast surgery, blood salvage, interventional radiology, complementary medicines and anaesthesia, and more.

Short, concise summary of clinical and non-clinical aspects of obstetric analgesia and anaesthesia for trainees and seniors.

This book provides anaesthetists, intensivists and other critical care staff with a comprehensive resource that offers ways of improving communication in everyday clinical practice, and provides practical communication tools that can be used in difficult or unfamiliar circumstances. It demonstrates how communication can be structured to improve patient care and safety with numerous practical examples and vignettes illustrating how the concepts discussed can be integrated into clinical practice, and presents ideas in a way that enhances clinical interactions with patients and colleagues and facilitate the teaching of trainees. Section 1 contains theoretical and research-based material on which the communication models and concepts used in the book are based. Section 2 details examples of how communication skills can be integrated into clinical practice. Section 3 addresses special situations including: obstetrics; paediatrics; needle phobia; how to break bad news; and the Intensive Care Unit. Section 4 provides examples of other interpersonal and professional communication skills relevant to the acute care clinician such as, 'Talking to surgeons' and 'Team communication'. Finally, Section 5 builds on many of the concepts used earlier in the book and briefly presents how the innovative use of advanced 'hypnotic' communication skills can supplement and enhance anaesthesia and critical care. Edited by practising anaesthetists with particular expertise in teaching communication, and with contributions from expert clinicians based in North America, Europe and Australasia, this book will stimulate and complement the development of comprehensive resources for communication skills teaching in anaesthesia and other related professional groups.

A concise, case-based and practical text discussing the complex anesthesia and pain relief needs of pregnant patients.

Anaesthesia services in developing countries are often limited due to a shortage of basic facilities, equipment and drugs, as well as a lack of personnel and proper training. Anaesthesia services for obstetric procedures pose a particular problem in developing countries, where high

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rates of anaesthesia-related complications and fetal/maternal mortality are seen in connection with otherwise common procedures such as caesarean section. This concise and practical pocketbook covers the basic principles of obstetric anaesthesia with a special emphasis on the unique challenges of service delivery in the developing world. The book will be useful for a range of practitioners in developing countries including anaesthetists, trainees, nurse anaesthetists, and district hospital doctors.

Successfully combining the comprehensive depth of a textbook and the user-friendly features of a practical handbook, *A Practical Approach to Obstetric Anesthesia*, 2nd Edition, is a portable resource for both experienced and novice clinicians. Focusing on clinical issues in obstetric anesthesia, it uses an easy-to-follow outline format for quick reference, enhanced with numerous tables, figures, and photographs. The use of color in this edition highlights key information and improves readability for daily practice and study.

This concise, easy to follow review of obstetric anesthesia follows the outline set forth by the American Board of Anesthesiology (ABA), making it an invaluable resource for in-service exam and board exams. The book is divided into four sections, beginning with maternal physiology, followed by maternal-fetal considerations, then pathophysiology of complicated pregnancy, and finally problems of term and delivery. Written at the fellow-level, it provides anesthesiology residents, obstetric anesthesiology fellows, and any anesthesiologist providing care to obstetric patients testable information for the boards, as well as practical tips for clinical practice.

With 32 engaging and dramatic cases and 174 colorful, insightful and innovative graphics, this book takes a fresh, creative and highly visual approach to the fundamentals of obstetric anesthesia as well as emerging knowledge and three emerging technologies: 1) pre-procedural ultrasound to facilitate neuraxial block placement, 2) point-of-care transthoracic echocardiography to guide maternal resuscitation, and 3) electrical cardiometry to trend maternal cardiac output and avoid fetal hypoxia. Besides discussing the threats to fetal oxygenation presented by labor and the avoidance of maternal and fetal complications while providing excellent anesthesia, the book also explores the psychological and behavioral dimensions of obstetric anesthesia practice and promotes the obstetric anesthesiologist as a valued member of the obstetric care team who makes unique, insightful and empathic contributions to the overall excellent care of pregnant patients. *Obstetric Anesthesia: A Case-Based and Visual Approach* is an indispensable resource for medical students, residents, fellows, anesthesiologists, nurse anesthetists, nurse midwives, and obstetricians.

This book represents a unique and substantial guide, and will bring anesthesiologists up-to-date on advances in the neuraxial technique and its applications in obstetrics. Today the epidural block is almost exclusively of interest to obstetric anesthesiologists, and how it is taught increasingly coincides with its applications in obstetrics. Since the classical, seminal textbooks by Bonica, Moore and Bromage, published in the 1950s and 60s, textbooks devoted solely to the epidural technique have become quite rare. Among more recent books, there are many excellent texts on epidural anesthesia or analgesia in obstetrics, but none are fully dedicated to the epidural technique, which is usually described in a few paragraphs or, at most, in a chapter. This highly detailed book, including videoclip on epidural technique, offers comprehensive coverage on

epidurals; as such, it will appeal to all anesthesiologists, especially obstetric anesthesiologists.

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Easily accessible, up-to-date reference for anaesthetists in the delivery suite, as a revision guide or aide memoire.

A single, comprehensive text covering all the MCQs required to prepare for both the Primary and Final FRCA exams.

Abstract : **Background:** Anaesthesia-related maternal mortality remains unacceptably high, especially in district hospitals. Community service doctors (CSDs) play an important role in the provision of anaesthesia in these hospitals. The purpose of this study was to understand the experience of doctors providing anaesthesia during community service. Identifying deficiencies in the performance of anaesthesia by CSDs can lead to remedial actions. **Methods:** A prospective, questionnaire-based study was done of doctors who had done their anaesthesia rotation during their internship in Pietermaritzburg, between 2008 and 2010. Quantitative data were collected regarding their performance of anaesthesia during community service. The data included details concerning the provision of anaesthesia, supervision and training, and whether CSDs felt adequately prepared to perform anaesthesia during community service. Qualitative data were also collected, which will be reported in another article. **Results:** The study response rate was 72.9%. Roughly half of the respondents performed anaesthesia during community service, of which two-thirds did more than 50 cases. Obstetric anaesthesia was the most common procedure performed. CSDs worked largely unsupervised, 63% had very little supervision and 62% received no further training in anaesthesia during community service. CSDs felt adequately prepared to administer obstetric anaesthesia, but less well prepared to perform general anaesthesia for appendicectomies and ectopic pregnancies. **Discussion:** CSDs perform a large proportion of the anaesthesia in rural hospitals, where they work largely unsupervised. Furthermore, CSDs feel less well prepared to perform general anaesthesia than spinal anaesthesia. To meet the needs of patients in these areas, intern training needs to be aimed at improving anaesthesia delivery in rural hospitals and guidelines need to be established regarding the performance of anaesthesia by CSDs. **Conclusion:** The study showed that CSDs play an important role in provision of anaesthesia services, especially in rural areas. However, they work largely unsupervised and receive little further training or support. A large proportion do not feel comfortable in administering general anaesthesia. Intern training should be adjusted to meet the needs of CSDs.

The second edition of the hugely popular The Clinical Anaesthesia Viva Book builds on the success of the first by providing a thorough review of short and long case questions typically given to Final FRCA viva candidates. An introductory chapter gives invaluable practical advice on preparation for the viva. This is

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followed by almost 100 short cases and 25 long cases, all based on viva questions posed at recent examinations. Answers have been constructed from a combination of popular textbooks, recent publications and the extensive practical experience of the authors. Short further reading lists are provided for more in-depth preparation. Written by a team of expert consultants and senior trainees with (successful!) experience of the Final FRCA, this second edition of The Clinical Anaesthesia Viva Book, is a must-have for anyone preparing for the Final FRCA viva.

Issues in Gynecology, Obstetrics, Fertility, and Pregnancy Research: 2011 Edition is a ScholarlyEditions™ eBook that delivers timely, authoritative, and comprehensive information about Gynecology, Obstetrics, Fertility, and Pregnancy Research. The editors have built Issues in Gynecology, Obstetrics, Fertility, and Pregnancy Research: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Gynecology, Obstetrics, Fertility, and Pregnancy Research in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Issues in Gynecology, Obstetrics, Fertility, and Pregnancy Research: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at <http://www.ScholarlyEditions.com/>.

This text addresses the need for a book specifically aimed at obstetric anesthesia and covers topics such as pulmonary, cardiac renal, hepatic, hematologic, neurologic, endocrine and other diseases. The real anesthetic challenge arises when patients present to Labor and Delivery with unusual or complicated medical problems and, in recent years, a few of the larger institutions have developed an Obstetric Anesthesiology Consultation Service to prepare for the management of these patients. While most pregnant women who present to Labor and Delivery require anesthetic intervention, they typically meet the anesthesiologist for the first time in labor. Since the majority of laboring women are healthy without significant comorbidities, this does not present much of a challenge to the anesthesiologist and the anesthetic management tends to be straight-forward with favorable outcomes. However, using this new model, the anesthesiologist has the opportunity to discuss the various treatment modalities and potentially suggest diagnostic testing to be performed prior to delivery, similar to the pre-operative testing that is done in other surgical environments.

Obstetrics and Gynecology in Low-Resource Settings provides practical guidelines for ensuring quality care to women in locations where facilities are inadequate, equipment and medications are in short supply, and medical staff are few. This reference will be an essential companion to health care providers throughout the world.

Make informed clinical decisions with reliable, up-to-date guidance from Evidence-Based Practice of Anesthesia, 3rd Edition! Leading authority Lee A. Fleisher, MD expertly explores the full range of important issues in perioperative management, discussing the available options, examining the relevant research, and presenting practical recommendations. Consult this title on your favorite e-reader with intuitive search tools and adjustable font sizes. Elsevier

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eBooks provide instant portable access to your entire library, no matter what device you're using or where you're located. Make sound, evidence-based decisions on every aspect of patient care: preoperative assessment, monitoring and administration of anesthesia during surgery, postoperative intensive care management, and postoperative pain management. Master the current best practices you need to know for day-to-day practice and oral board review. Confidently navigate the latest issues thanks to new chapters on optimal airway management in GI endoscopy, the role of Ketamine for perioperative management, fast-track surgery, and hypothermia after intraoperative cardiac arrest, plus many other vital updates. Efficiently translate evidence into practice with numerous quick-reference tables and short, well-organized chapters that promote fast and effective decision making. Get practical decision-making tools you can use in both routine care and complicated or special situations.

The provision of the best possible anesthetic care to the-greatest number of patients all over the world has always been the main goal of the World Federation of Societies of Anaesthesiologists. In addition to the establishment of Regional Anesthesiology Training Centers and the organization of Regional and World Congresses, the distribution of practical monographs on some important aspects of anesthesiology were considered important for the attainment of this objective. In 1968, on the occasion of the Fourth World Congress of Anesthesiology, held in London, a monograph on "Emergency Resuscitation", compiled by the Committee on Cardiopulmonary Resuscitation, chaired by Professor HENNING POULSEN, was made available to our membership. Subsequent ly, this excellent monograph was translated into Spanish, Russian, Ger man and French and to this date over 100,000 copies of it have been distributed to anesthesiologists and other interested physicians the world over. When looking for a suitable topic for a second monograph to commem orate the 1972 World Congress of Anesthesiology to be held in Kyoto this September, the subject of Obstetric Analgesia and Anesthesia was the first choice of almost everyone consulted. For reasons that are hard to condone, obstetric analgesia and anesthesia has often been the step child among the anesthetic subspecialties.

Featuring the work of more than 80 internationally respected contributors from around the world, this reference comprehensively explores all of the issues and techniques that pertain to the practice of obstetric anesthesia. In addition to anesthesia for labor and delivery, it also addresses operative anesthesia, obstetric and anesthetic complications, and systemic disease during pregnancy. A disease-oriented approach guides readers step by step through preoperative evaluation, intraoperative management, and postpartum care for both healthy and high-risk patients. Chapters written by 82 international contributors Chapters include the most current information and references on obstetric anaesthesia Contains pertinent topics for today's practitioners such as the effects of physiology, pharmacology, and anatomy in obstetrics, analgesia for labour, operative anaesthesia, systemic disease in the pregnant patient, and related considerations. Features section on pregnant patient with systemic disease so the practitioner knows how to handle both the healthy patient and the special cases where the patient has a systemic disease Provides comprehensive coverage on anaesthetic and obstetric complications, a crucial factor in practising both anaesthesiology and obstetrics. As minimally invasive surgical techniques evolve, the outlook for patients continues to brighten. This is also true for pregnant women experiencing conditions requiring surgical intervention during gestation. A physician's ability to identify potential risk factors in pregnant patients that present pre-op directly corresponds with their success in monitoring patients in post-op for adverse obstetric outcomes from non-obstetric surgeries. The utilization of laparoscopic techniques during surgery for pregnant patients has decreased the risk of fetal complications and increased the positive outlook for the duration of the pregnancy. This text is designed to present a minimally invasive approach to surgery that is non-obstetrics related and to educate readers on the potential risk factors and negative outcomes on pregnant patients following non-

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obstetric surgery. The various sections of this book will address issues faced by surgeons who undertake the task of operating on the pregnant patient. When performing non-obstetric surgery on a pregnant patient the ability to identify possible risk factors for adverse obstetric outcomes is important. Risk factors can be maternal-, surgical-, obstetrical-, or disease-associated. Common adverse obstetric outcomes following non-obstetric surgery include preterm delivery, preterm labor without preterm delivery, and miscarriage. Fetal well-being is an additional risk-benefit factor to be considered when weighing options before conducting non-obstetric surgeries on pregnant patients. This book will provide physicians with the knowledge and tools to identify common risk factors and successfully apply evidence-based risk reduction. To date, no comprehensive resource is available for non-obstetric surgery during pregnancy. Types of pregnancies, potential complications, proper use of anesthesia, types of risk factors (maternal-, surgical-, obstetrical-, and disease-associated), etc. will be thoroughly explained and depicted within these pages. All chapters will be written by subject matter experts in their fields. All information communicated will be comprised of the most currently available knowledge

The provision of anesthesia during childbirth still generates considerable debate; opinions vary widely within the obstetric anesthesia community over issues such as the effect of anesthetic drugs on the fetal brain and the choice between different epidural techniques. Controversies in Obstetric Anesthesia and Analgesia debates these and other clinical management controversies encountered in daily practice, providing practical advice on how to manage each clinical problem. This concise, practical text is designed to provide rapid access to key information on both diagnosis and treatment, presenting each side of the debate in a clear discussion. Key references and suggestions for further reading are also provided. Written by a team of international practitioners working with and caring for high risk obstetric patients, Controversies in Obstetric Anesthesia and Analgesia is an invaluable resource for trainees and practitioners in anesthesia, obstetrics and critical care medicine.

This eBook is one of 10 carefully selected collections of key articles from the Anaesthesia and Intensive Care Medicine journal - a continually updated, evidence-based learning resource, based on the RCOA Curriculum. It is ideal for trainees approaching a new sub-specialty and/or when preparing for the FRCA (or similar) exams. It will also prove an invaluable, authoritative refresher for life-long learning and CPD. Related MCQs are included to test your understanding.

The re-organized Part III FRAnaes now includes Oscwea, presenting new challenges for students. This book provides a number of key clinical scenarios, giving candidates a wider range of possible situations to boost confidence when approaching the changed examination. It has been enormously satisfying to prepare the third edition of Anesthetic and Obstetric Management of High-Risk Pregnancy because it fulfills the need for close communication between two specialties, anesthesiology and obstetrics. This relationship is necessary not only to take care of the sick parturient, but also to deliver a healthy baby. New developments in obstetrics and in obstetric anesthesia necessitated this third edition. Most of the contributors to this edition are new, and they have provided information on the latest approaches, as well as updated information. In addition, Chapter 13, "Critical Care Anesthesia for High-Risk Parturients," is completely new. Like earlier editions, the third edition includes contributions from an international team of experts in the field of obstetric anesthesia and obstetrics. I thank all the authors for their valuable contributions. The authors have expressed their own opinions and recommendations, which do not necessarily reflect my own views. I also wish to thank Ms. Elizabeth Kiernan for her endless help in completing the new edition. I sincerely hope this edition will further reinforce the concept of the team approach for taking care of the high-risk parturient.

The use of hypnosis in surgery and anesthesia does not seem to have any influence on

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operative mortality. However, hypnosis and hypnotic techniques teach patients a way to alter their body's reaction to the insult of surgery and all the poisons used to create unconsciousness. The use of hypnosis alters the psychological state of the patient which, in turn, influences the psychological reaction to the insult. This book describes in detail how to teach patients, in just a few minutes, what they can do to accomplish this. It also provides the vast amount of research that has been done to document these physiological changes that seem to be the result of the use of hypnosis. The author and her contributors have made it their goal to alleviate, prevent, and control both pain and suffering. They use hypnosis as an integral part of this effort and describe how it enhances all aspects of pain control. There are chapters on hypnosis as the sole anesthetic, as an adjunct to chemical anesthesia, and in conjunction with regional anesthesia. Additional topics include hypnosis in the intensive care unit and in the emergency room and hypnosis in obstetrics, gynecology, and pediatric surgery. The book concludes with several case studies from physician-patients. This excellent resource is intended to stimulate physicians to explore the vast capabilities of the human mind, when it is working together with the body, and with the help of unconsciousness, to accept hypnotic suggestion.

Obstetric anaesthesia claims in French hospitals: a study based on French insurance (SHAM) data.
Introduction: The aim of the study was to analyse closed claims in obstetric anaesthesia provided by SHAM insurance between 2007 and 2014. SHAM insurance is the leading provider of medical liability insurance in France. **Material and methods:** Retrospective study of SHAM insurance closed claims settled amicably or by a court. **Results:** Obstetric anaesthesia was involved in 99 cases (Fig 1) among 3,083 obstetric claims over the period (3.2%). The damage occurred in public hospitals (54% in general and 28% in university hospitals), private hospitals (14%) or among health professionals (4%). The damage occurred during natural childbirth (60%), caesarean delivery (38%) or an abortion (2%). The main type of anaesthesia was epidural (75%), spinal anaesthesia (20%), general anaesthesia (3%) or none (1%). The type of anaesthesia involved was regional (93%) or general (7%). The claims for regional anaesthesia (Fig 2) occurred during its administration (42%) or after during hospitalization (81%) (>100% because of combined reports) 12 complications during regional anaesthesia (accidental dural puncture (ADP) or failure) required general anaesthesia (involving 1 respiratory arrest after ADP and 1 acute subdural hematoma on day 2). In addition one general anaesthesia caused complications with anaphylactic shock (succinylcholine) and inhalation after difficult intubation leading to brain damage. The claims filed because of general anaesthesia were linked to two anaphylactic shocks (death after abortion and brain damage after C-section) and pelvic pain after abortion. Finally there have been 54 brain damage (from monoparesis to vegetative coma), 2 deaths, 6 moral damages and 37 other causes. Only 2 cases were settled by a civil court, the others amicably. **Discussion:** Claim in Obstetrics, related to anaesthesia-associated complications, is rare. When they occur, regional anaesthesia is the main involved procedure. To note, general anaesthesia has a ratio complications over frequency of utilization, higher than regional anaesthesia. Medical malpractice is finally rarely established: this could be explained by the quality of information provided to patients and the good traceability of anaesthesia care in medical records.

This concise, easy to follow review of obstetric anesthesia follows the outline set forth by the American Board of Anesthesiology (ABA), making it an invaluable resource for in-service exam and board exams. The book is divided into four sections, beginning with maternal physiology, followed by maternal-fetal considerations, then pathophysiology of complicated pregnancy, and finally problems of term and delivery. Written at the fellow-level, it provides anesthesiology residents, obstetric anesthesiology fellows, and any anesthesiologist providing care to obstetric patients testable information for the boards, as well as practical tips for clinical practice. .

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