0318.**De Silva, A**

**Epidural analgesia and anaesthesia in pregnancy complicating heart disease a retrospective study of 100 patients**
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The significant improvement in the management of heart disease has resulted in more of these patients reaching childbearing age. As the cardio-vascular demands of pregnancy are further aggravated by labour, an anatomically mild or moderate lesion can become a functionally severe life-threatening problem. In fact in the triennium 1991-93 in UK, maternal deaths due to cardiac disease were the highest with 41 deaths, in comparison to thromboembolism (35) and hypertensive disease (20) 1 . Thus these patients need highly skilled medical intervention in intensive care units during the peripartum period. The marked increases in pre-load, after-load and heart rate due to painful uterine contractions and bearing down efforts could be minimized by epidural analgesia and anaesthesia which allows forceps, vacuum or caesarean section delivery without pain and stress, and has been advocated by many authors 2,3,4,5,6,7. However the risk of hypotension due to sympathetic blockade in patients with already compromised cardiac output in considered by others as a contraindication to epidural block 8. 100 parturient with heart disease admitted to the ICU, DMH (over a period of 12 months) were studied retrospectively. On admission to the ICU all patients were reassessed clinically to verify the diagnosis and identify complications. If the diagnosis was in doubt or the patients had new complications they were referred to the cardiologist for further evaluation and 2D echocardiography. Carefully controlled epidural analgesia and anaesthesia by anaesthetists experienced in the technique is not only safe, but beneficial, if the pathophysiology and cardio-vascular status of the patient is understood and meticulous fluid management is practiced. It should be stressed that an experienced obstetrician with good surgical skills is essential to produce good results.