

ANESTHESIA FOR CESAREAN SECTION AND POSTOPERATIVE ANALGESIA FOR THE PARTURIENT

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Considering the physiological changes during pregnancy and the fact that there are two lives, obstetric anesthesia is an extremely specific and challenging area of work. The physiological changes that occur during pregnancy are among the contributing factors for complications during general and regional anesthesia. Therefore, the preoperative consideration is very important in the prevention of complications. Neuraxial anesthesia is increasingly replacing a widely applied general anesthesia, and has become the technique of choice for the majority of caesarean sections. General anesthesia is accompanied by risks related to the airway, but is still indicated for caesarean sections of the first degree of urgency. The choice of anesthesia depends on the urgency of surgery, general condition of the mother and fetus, comorbidity of pregnant woman and her consent to the proposed anesthetic procedure. The ultimate goal of all procedures is to provide safe anesthesia for mother and fetus. Multimodal analgesia is the best form of the pain treatment after caesarean section. *Acta Medica Medianae 2015;54(4):72-78.*

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