INTRODUCTION
INTRODUCTION

Caesarean Section is almost certainly one of the oldest operation in surgery with its origin lost in antiquity and in ancient mythology. Most early caesarean sections were accomplished after the death of the mother in an attempt to save the life of the child.

Today caesarean section is being done with increasing frequency because, properly executed it carries little more risk for mother and often less risk for the infant than the marginal delivery attempted in presence of obstetric complications. The incidence of caesarean section in various hospitals is reported to be four to nine percent (Bonica 1969) of total births.

Ever since the first use of anaesthesia for caesarean section a century ago the anaesthetic management of parturients undergoing abdominal delivery have posed a special challenge to the anesthetists. Nowhere else is the physician confronted by two patients simultaneously—the one visible and the other relatively unknown. If the reactions of infants, always mirrored that of the mother, there would have been a few problems. However such is not the case for it has been shown that the lack of maternal depression does not preclude severe depression of the infant at delivery.

The technique of anaesthesia for caesarean section must meet the maternal essentials like efficient oxygenation, protection against aspiration of regurgitated or vomitted gastric contents, freedom from distress and adequacy of myometrial contractility following delivery. The foetal requirements are—adequacy of utero-placental perfusion with oxygenated blood, efficient
exchange of respiratory gases, avoidance of metabolic acidosis and of central nervous system depression due to drugs administered to mother.

Today, as in the past there exist great differences of opinion regarding the anaesthetic of choice in caesarean section. This is not surprising in view of the wide spectrum of training, competence and philosophies of anaesthesiologists and obstetricians. Despite the remarkable advances in anaesthesia there is at present no ideal anaesthetic technique for all parturients undergoing caesarean section. There has recently been an increasing interest in exploring the subtle neonatal effects of drugs used for maternal sedation or analgesia during caesarean section.

The present study was therefore undertaken to evaluate the effects of commonly practised anesthetic technique on the clinical condition and well being of the mother and child following caesarean section.