Aortocaval compression syndrome (supine hypotensive syndrome) represents a common complication mainly of late pregnancy, although the syndrome has been described to occur as early as 16 weeks of gestation. The nature and severity of symptoms range from unspecific complaints to severe maternal hypotension, loss of consciousness, cardiovascular collapse, and consecutive fetal depression. Predominantly, the syndrome is provoked by placing the parturient supine. Since supine positioning is required for diverse diagnostic and therapeutic procedures in obstetrics, these involve increased risk of aortocaval compression. For the anesthetist, cesarean section is most relevant, because of the coincidence of several risk factors. The following article begins by reviewing the pathophysiology of the syndrome, known risk factors and anesthesiological procedures that predispose to the syndrome. The second part is concerned with prophylastic measures and therapeutic options, together with the discussion of a clinically practicable algorithm.

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