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The incidence of caesarean section (C/S) is increasing up to 40% even in many developed countries [1]. General and regional anesthesia techniques are used for providing anesthesia in C/S. Epidural anesthesia ensures better control of sensory level as compared to spinal anesthesia and provides better postoperative analgesia. However, it is easier and faster to perform spinal anesthesia. It may produce more intense motor block, and as the amount of local anesthetic is lower, there is less risk for systemic toxicity [2]. On the other hand, post puncture headache is a common complication following spinal anesthesia.

General anesthesia provides a predictable and rapid onset, ensures the control of airway and ventilation and generates less hypotension compared to regional anesthesia. Faster induction provides advantages in emergencies such as umbilical cord prolapse, placenta previa and acute inversion of uterine. Besides it is commonly used when regional anaesthesia is contraindicated or failed [3]. The main disadvantages include the risk of pulmonary aspiration, airway management difficulties and fetal depression.

While main causes of general anesthesia-related mortality are airway problems or aspiration pneumonia; regional anesthesia related mortality correlates with a high neural block level or local anesthetic toxicity [4]. Difficult intubation is the most significant cause of anesthesia-related maternal mortality [5].

Editorial

General or non-general anesthesia: That is the question

Regional anesthesia is preferred for cesarean delivery in order to avoid the maternal risks of general anesthesia [6]. Besides, preference of regional anesthesia may help early beginning of breast feeding in the postoperative period in comparison to delayed recovery of the patients from general anesthesia. As a result of an acute reduction in uteroplacental blood flow, spinal anesthesia may lead to fetal acidosis, hypoxia or low Apgar scores [7,8]. Despite the apparent advantages regarding maternal safety, the effects on the fetus are still controversial and further studies are needed in this area to investigate the common effects on fetus during cesarean delivery.

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