CAESAREAN SECTION

PATELIYA BHARGAV
GROUP NO 163 B

CAESAREAN SECTION

- It is an operative procedure to deliver the fetus through an abdominal and uterine incision, after the period of viability

CAESAREAN SECTION

- **INDICATIONS**
  - Cephalo-pelvic disproportion
  - Fetal malpresentations
  - Previous caesarean section
  - Fetal distress
  - Placenta praevia
  - Abruptio placentae (with live fetus)
  - Dystocia (Ineffective or prolonged labour)
  - Cord prolapse
  - Failed trial of Forceps / Vacuum delivery
  - Fetal malformations likely to cause obstructed labour
  - High order multifetal gestation

CAESAREAN SECTION

- **INDICATIONS**
  - **Failed induction**
    - **Premature rupture of membranes**
    - **Post datism**
    - **Pre eclampsia**
    - **Gestational Diabetes mellitus**
    - **Intra uterine growth restriction**
    - **Rh isoimmunization**
    - **Previous unexplained IUFD**

CAESAREAN SECTION

- **INDICATIONS**
  - **Vaginal delivery contraindicated**
    - **Previous classical Caesarean section / uterine scar in upper segment**
    - **Contracted pelvis**
    - **Placenta praevia**
    - **Previous VVF repair / Stress incontinence repair**
    - **Cord presentation**
    - **Fetal compromise**
    - **Pregnancy with Carcinoma cervix**
    - **Fibroid / Ovarian tumor causing obstruction**
    - **Genital tract malformations of the cervix / vagina**

CAESAREAN SECTION

- Common indications
  - Previous Caesarean
  - Labour dystocia
  - Fetal distress
  - Cephalopelvic disproportion
  - Malpresentations (esp. Breech)
  - Failure of induction
  - Antepartum haemorrhage

CAESAREAN SECTION

- **Incidence - Varies from 15% to 30%**
- **Rise in incidence is due to**
  - **Increased safety of the procedure**
  - **Decrease in parity (Proportion of nulliparas is more)**
  - **Older / Infertile / High risk women are having children**
  - **Previous Caesarean sections**
  - **Increased detection of fetal distress by EFHRM**
  - **Breech presentations predominantly delivered by LSCS**
  - **Decrease in difficult operative vaginal deliveries**
  - **Concern for malpractice litigation**
  - **Improving socio economic status**

CAESAREAN SECTION

- **Contraindications :** Valid in the absence of maternal indications of abdominal delivery
  - **Intrauterine fetal death**
  - **Gross congenital malformations**
  - **Extreme prematurity**
  - **Coagulation defect**

TIMING OF CAESAREAN SECTION

- **ELECTIVE**
  - **When the caesarean section is done as a planned procedure to ensure optimal preoperative preparation and surgical conditions**
- **EMERGENCY**
  - **When the caesarean section is done because of sudden deterioration in maternal / fetal condition or during labour due to non progress / failed induction / failed trial**

LOWER SEGMENT CAESAREAN SECTION

- **Preoperative actions**
  - **Valid informed consent**
  - **Inj Ranitidine 50 mg IV half to one hour before the procedure**
  - **Inj Metoclopramide 10 mg IV half to one hour before the procedure**
  - **Stomach should be empty**
  - **Bladder should be catheterized**
  - **Fetal presentation, position and FHS should be checked**

LOWER SEGMENT CAESAREAN SECTION

- **ANAESTHESIA**
  - Spinal
  - Epidural
  - GA

- **POSITION**
  - Dorsal position
  - 15 degree lateral tilt to prevent supine hypotension / venocaval compression may be given

LOWER SEGMENT CAESAREAN SECTION

- Abdominal cleaning and draping
- Abdominal incision
  - Transverse (Pfannensteil / Joel-Cohen)
    - Post op pain is less
    - Less chance of wound dehiscence / incisional hernia
    - Cosmetically better
  - Vertical infraumbilical midline
    - Rapid entry into abdomen
    - Capable of extention
    - Blood loss minimal

LOWER SEGMENT CAESAREAN SECTION

- Uterine incision
  - Lower segment transverse
    - Apposition better
    - Lesser bleeding due to less vascularity
    - Less active uterine segment
    - Healing better
    - Stretch during subsequent pregnancy is along the line of incision
    - Chances of rupture during subsequent pregnancy / labour are less
  - Classical (Upper segment vertical)

CLASSICAL CAESAREAN SECTION

- **INDICATIONS**
  - Access to lower uterine segment is restricted because of adhesions
  - Lower segment approach is not possible due to
    - Anterior placenta praevia
    - Large fibroids in the lower uterine segment
  - Transverse lie (Dorso inferior positions)
  - Pregnancy with Carcinoma cervix
  - Post mortem caesarean section

LOWER SEGMENT CAESAREAN SECTION

- Doyen's retractor is introduced in the lower part of the abdominal incision to expose the lower uterine segment
- Recognition of lower uterine segment is by the presence of loose peritoneum over it
- The loose peritoneum is incised transversely and the bladder is pushed down
- Lower uterine segment incision should be made after centralizing the uterus to avoid injury to the uterine vessels coursing along the lateral walls of the uterus
- Lower uterine segment incision is made in the middle, deepened till the membranes are reached and then extended laterally by stretching to create a 10 cm opening

LOWER SEGMENT CAESAREAN SECTION

- The presenting part is hooked by the operator and delivered while the assistant applies fundal pressure
- The placenta and membranes are delivered and the inside of the uterus is inspected for any abnormalities and completeness of removal of contents
- Green Armytage haemostatic clamps are applied to the angles and the margins of the uterine incision to achieve control of bleeding
- The uterine incision is closed in a single layer with chromic catgut No: 1 or No: 2 using a interlocking running suture to achieve haemostaisis
- It is not necessary to close the visceral and parietal peritoneal layers
- Peritoneal toilet is done and the abdomen is closed in layers.

POST OPERATIVE CARE

- Nil orally for 24hrs
- Crystalloids for 24 hrs (appx 2500ml)
- Antibiotics as per hospital policy
- Pain relief
- Care of the bladder
- Monitor
  - **Vital parameters**
  - **Vaginal bleeding**
  - **Urine output**
  - **Hydration**

POST OPERATIVE CARE

- Palpate the uterine fundus
  - Location
  - Consistency
- Encourage early breast feeding
- Oral fluids after 24 hrs
- Discharge from hospital after 96 hrs
- Stitch removal on 7^{th} post operative day
- To avoid exertion for 4 – 6 weeks
- Contraceptive advice

CAESAREAN SECTION : COMPLICATIONS

- Haemorrhage
- Sepsis
- Anaesthetic complications
- Thrombo – embolism
- Wound complications
- Late
  - Incision hernia
  - Problems in future pregnancies
    - Scar rupture
    - Repeat caesarean