

Caesarean Section

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History



■ Definition

Delivery of the fetus either living or dead after the age of viability through an abdominal and uterine incision.

Hysterotomy → before the age of viability

Incidence

- 5 to 50 % of all deliveries in different countries
- 52 % in Egypt
- Factors leading to ↑ CS rate?????

■ Indications

A. Maternal :

- Feto-pelvic disproportion.
- Antepartum haemorrhage.
- Abnormal uterine action during labor .
- Previous caesarean section.
- Previous gynecological operations.
- Soft tissue obstruction.
- Maternal diseases.
- Elderly primgravida.

B. Fetal :

- Large fetus.
- Malpresentations.
- Fetal distress before full cervical dilatation.
- Prolapsed pulsating cord .
- Some cases of Rh-isoimmunization .
- Postmortem caesarean section.

■ *Contraindications :*

1. Congenital fetal anomalies
2. Dead fetus.

except in following conditions:

Absolute indications for C.S.

- Extreme degree of contracted pelvis
- Placenta praevia centralis.
- Soft tissue obstruction
- Neglected shoulder presentation
- Abdominal cerclage.

Types of CS

- 1-According to timing
- 2----- to number
- 3-----to uterine incision
- 4----- to opening the peritoneal cavity
- 5-Cesarean hysterectomy
- 6- Postmortem CS

Vertical LSCS

- Indications
- Advantages
- Disadvantages

Upper Segment CS (Classic)

- Indications
- Advantages
- Disadvantages

Advantages of the lower segment over the upper segment operation

Lower segment operation

1. Haemorrhage is less.
2. The scar is strong and less liable to rupture
3. If uterine infection occurs it remain extraperitoneal.
4. Less liability to paralytic ileus and acute dilatation of the stomach.
5. less liability to postoperative adhesions
6. Mortality rate is low.

Upper segment operation

1. Haemorrhage is more
2. The scar is weak and more liable to rupture
3. If uterine infection occurs it liable to spread to the peritoneal cavity.
4. More liability to paralytic ileus and acute dilatation of the stomach.
5. More liability to postoperative adhesions.
6. Mortality rate is slightly higher.

■ Caesarean hysterectomy :

Caesarean section performed followed by removal the uterus.

➤ Indications:

1. Uncontrolled postpartum haemorrhage.
2. Some cases of rupture uterus.
3. Placenta accrete.
4. Fibroid uterus need hysterectomy.
5. Some cases of operable carcinoma of the cervix with pregnancy.
6. Gross uterine infection.

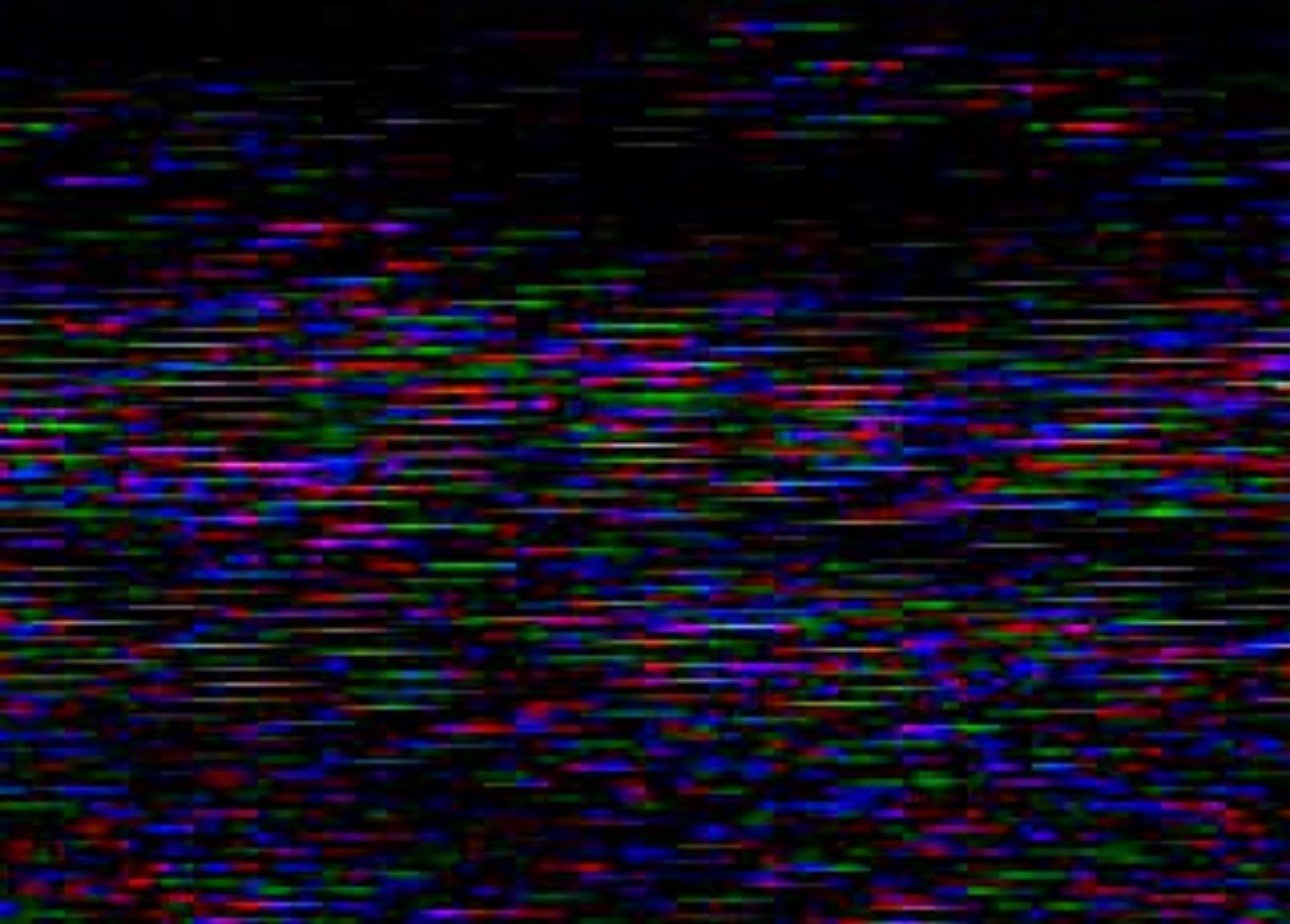
■ Technique of lower segment caesarean section :

■ Anaesthesia : General, spinal , epidural .

■ Position : flat position.

■ Steps :

➤ Bladder is evacuated and kept empty by a Foley's catheter.



■ Technique of lower segment caesarean section (contin.):

- Transverse supra-pubic (Pfannenstiel) incision.
- The peritoneal cavity is opened .
- The bladder is drawn downwards by a Doyen retractor .
- The loose peritoneum over the lower uterine segment is incised transversely for about 10 cm and dissected downwards with the bladder.

- Incise the lower uterine segment transversely for about 10 cm , the fetus is then delivered.
- Ergometrin or oxytocin is given intravenous, the placenta and membranes are then delivered.
- The uterus is closed in 3 layers with Chromic catgut or Vicryl, the muscle in 2 layers and the peritoneum in separate layer.
- Clean the peritoneal cavity and close the abdomen.

■ *Complication of caesarean section:*

A. During operation :

- Shock
- Primary haemorrhage.
- Injury to the urinary bladder and ureters.
- Anaesthetic complications.

B. Postoperative :

- Cardiovascular : Reactionary and secondary haemorrhage, venous thrombosis and pulmonary embolism.
- Pulmonary : bronchitis and pneumonia.
- Genital tract : Infection as endometritis, parametritis and peritonitis.
- GIT : Acute gastric dilatation, paralytic ilius, later adhesions and intestinal obstruction.
- Urinary tract: Retention of urine, infection (due to catheterization), urinary fistula and menouria syndrome.
- Abdominal wound: Infection, burst abdomen and incisional hernia.
- Rupture of the uterine scar : in subsequent pregnancy or labor.

Cesarean sterilization