KING SAUD UNIVERSITY MEDICAL CITY
DEPARTMENT OF OBSTETRICS & GYNECOLOGY
COURSE 482

OPERATIVE VAGINAL DELIVERIES AND CAESAREAN SECTION (C.S)

DEFINITION

- **It is the delivery of the fetus using an instrument through the vaginal route.**

  Instruments could be : → Forceps

  → Vacuum

- **Incidence of operative deliveries is 3.5 %**
- **Indications of operative delivery**

MATERNAL	FETAL
1. Prolonged or arrested 2nd stage	1. Fetal distress
2. Poor maternal effort	2. Prematurity (Forceps only)
3. Maternal cardiac disease	3. Certain malpositions
4. Patients with retinal detachment or post op for similar ocular conditions	

PRE-REQUISITE FOR FORCEPS AND VENTOUSE

- 1. Cervix has to be fully dilated
- 2. Membranes ruptured
- 3. Head has to be engaged
- 4. Vertex presentation
- 5. Head position known (forceps can be applied on the head for cephalic presentation or after coming head for breech presentation)

Ventouse can only be applied on the head.

Conditions to be fulfilled

1. Adequate analgesia
2. Empty bladder
3. Adequate episiotomy

COMPLICATIONS OF INSTRUMENTAL DELIVERIES

MATERNAL	FETAL
☛ Genital tract lacerations, Cx, vagina, Hemorrhage	☛ Skull fractures ☛ Cephalohematoma
☛ Extensions of episiotomy	☛ Caput succedaneum
☛ Sphincter lacerations	☛ Facial Palsy
☛ Fecal and flatus incontinence or injury to rectal mucosa	☛ Scalp laceration ☛ Intracranial haemorrhage
	☛ Infant death ☛

TRIAL OF INSTRUMENTAL DELIVERY

- Should be performed in O.R. with anesthetist present + pediatrician to resuscitate.
- All teams ready to proceed to C.S. in case failed instrumental delivery

CAESAREAN SECTION

- Rate : ≈ 25%
- Maternal mortality 5 – 6 per 100,000 C/S
- Perinatal mortality 3/1000 USA
  7/1000 U.K

C. S. Could be:

I. Elective C/S → Planned and timed

II. Emergency C/S → Unplanned during labor or before the onset of labour

DIFFERENT METHODS OF PERFORMING DIFFERENT TYPES OF C/S

☛ SKIN INCISION	☛ UTERINE INCISION
a. Low transverse	a. Upper Segment (Classical) transverse vertical
b. Midline	b. Lower segment
	- transverse
	- vertical

COMPLICATIONS OF UPPER SEGMENT C/S

1. Bleeding ↑↑
2. Organ injury → Bowel
   → Bladder
   → Ureter
3. Adhesions formation
4. Rupture scar in future pregnancy higher than lower segment scar
5. More difficult to repair

COMPLICATIONS OF LOWER SEGMENT

1. Haemorrhage
2. Extension of incision → lateral
   → downwards
3. Organ injury → bladder
   → Bowel
   → Ureter
4. Rupture scar
5. Abnormal placentation in future pregnancy
   Low lying placenta
   Accreta, increta, perceta
6. Adhesions specially bladder

COMMON POST OP COMPLICATIONS

1. Atelectasis
2. Infection → Endometritis
   → Wound
   → UTI
   → Pneumonia
3. DVT & PE

WHEN CAN A TRIAL OF LABOUR BE OFFERED AFTER C.S.

1. VBAC can be offered for non recurrent indications e.g., fetal distress, cord prolapse, placental abruption, breech presentation.
2. Pelvic adequacy is confirmed by proper clinical radiological methods as needed.
3. Lower Segment scar
4. Placental localization
5. Scar integrity is assured by taking proper post op history
6. Standard of care is to offer VBAC after one previous C/S and not multiple
7. Safe set up: Tertiary care center which can perform emergency C.S as needed.
8. Patients approval

MEASURES TO REDUCE C.S. RATE

- **Proper antenatal care**

  For early detection and management of conditions that lead to ↑ C.S. rate e.g. controlling macrosomia in diabetes early detection of HTN.

  Post term ect. Performing ECV for breeches.

- **Prevent infections:**

  Prophylactic Ab + Aseptic technique

  Prevention of anemia

- **To prevent DVT. : TEDS stocking**

  Thromboprophylaxis

  Early ambulation

POST CARE

1. VS hourly x 4 hours
2. I.V. fluids
3. Analgesia
4. Checking Fundus + Lochia
5. Urine output + catheter care
6. Wound care
7. Early ambulation
8. Antibiotics
9. Thromboprohylaxis
10. Breast care and breast feeding