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The Pharma Innovation

ISSN (E): 2277- 7695
ISSN (P): 2349-8242
NAAS Rating: 5.03
TPI 2018; 7(4): 840-841

www.thepharmajournal.com
Received: 24-02-2018
Accepted: 25-03-2018

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Postoperative complication of caesarean section

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Abstract
Background: Postoperative complication of the caesarean section is a serious problem and need urgent intervention to save the patient.
Objectives: To evaluate the causes of the postoperative complication and managing there in a perfect way to decrease the morbidity and mortality of the patients.
Patients and Method: This is an interventional study on 100 patients which was studied at Al- Dahwi Private Hospital with post caesarean section complication from the period January 2017 to January 2018.
Results: One hundred patients were studied, the age ranged from 20 to 50 years, with a mean age of 25 years $\pm$ 5 years, the majority being in the 3th decade of life constituting 60 patients (60%). Also our study showed that the causes of the postoperative complication are surgical site infection as cellulitis and abscess collection on 10 patients (10%), the next was postpartum hemorrhage 7 patients (7%), followed by hellp syndrome 2 patients (2%), and rupture uterus 1 patient (1%)

Keywords: Caeserean section, complication, bleeding

Introduction
The uterus measures approximately 8 cm in length in the nulliparous female. It comprises a fundus (part lying above the entrance of the fallopian tubes), body and cervix [1]. The cervix is sunken into the anterior wall of the vagina and is consequently divided into supravaginal and vaginal parts. The internal cavity of the cervix communicates with the cavity of the body at the internal os and with the vagina at the external os [1]. The fallopian tubes lie in the free edges of the broad ligaments and serve to transmit ova from the ovary to the cornua of the uterus, they comprise an infundibulum, ampulla, isthmus and interstitial part [1]. The uterus is made up of a thick muscular wall (myometrium) and lined by a mucous membrane (endometrium). The endometrium undergoes massive cyclical change during menstruation [1]. The body of the uterus is related anteriorly to the uterovesical pouch and the superior surface of the bladder, the supravaginal cervix is related to the superior surface of the bladder, and the vaginal cervix is related to the anterior fornix of the vagina [2]. Posteriorly: The body of the uterus is related posteriorly to the rectouterine pouch (pouch of Douglas) with coils of ileum or sigmoid colon within it [2]. Laterally: The body of the uterus is related laterally to the broad ligament and the uterine artery and vein [2]. The supravaginal cervix is related to the ureter as it passes forward to enter the bladder, the vaginal cervix is related to the lateral fornix of the vagina, the uterine tubes enter the superolateral angles of the uterus, and the round ligaments of the ovary and of the uterus are attached to the uterine wall just below this level [2]. The blood supply of the uterus derives mainly from the uterine arteries, with potential collateral supply from the ovarian arteries, the uterine veins enter the broad ligaments with the arteries and form a uterine venous plexus on each side of the cervix, Veins from the uterine plexus drain into the internal iliac veins [3]. The uterus is a pear-shaped structure that is flattened anteroposteriorly giving its cavity a flat, triangular shape [4]. The uterus is supported partly by ligaments attached to the cervix (transverse cervical, pubocervical and uterosacral) consisting of condensed connective tissue [4]. The uterus serves as a site for the reception, retention, and nutrition of the fertilized ovum [2].

Patients and Method
This is an interventional study on 100 patients which was studied at Al- Dahwi Private Hospital with post caesarean section complication from the period January 2017 to January 2018.

Results

One hundred patients were studied, the age ranged from 20 to 50 years, with a mean age of 25 years ± 5 years, the majority being in the 3th decade of life constituting 60 patients (60%) as showed in table 1. Also our study showed that the causes of the postoperative complication are surgical site infection as cellulitis and abscess collection on 10 patients (10%), the next was postpartum hemorrhage 7 patients (7%), followed by hellp syndrome 2 patients (2%), and rupture uterus 1 patient (1%) as showed in table 2.

Table 1: Age distribution.

Age group (Years)	No of female	%
20 – 29	60	60%
30 -39	30	30%
40 - 49	10	10%
Total	100	100%

Table 2: Causes postoperative complication

Causes postoperative complication	No of patients	%
surgical site infection	10	10%
postpartum hemorrhage	7	7%
hellp syndrome	2	2%
rupture uterus	1	1%
Total	20	20%

Discussion

Caesarean section, also known as C-section or caesarean delivery, is the use of surgery to deliver one or more babies. [5] A caesarean section is often necessary when a vaginal delivery would put the baby or mother at risk [5]. This may include obstructed labour, twin pregnancy, high blood pressure in the mother, breech birth, or problems with the placenta or umbilical cord [5, 6]. A caesarean delivery may be performed based upon the shape of the mother's pelvis or history of a previous C-section [5, 6]. A trial of vaginal birth after C-section may be possible [5]. The World Health Organization recommends that Caesarean section be performed only when medically necessary [6, 7]. Some C-sections are performed without a medical reason, upon request by someone, usually the mother [5]. A C-section typically takes 45 minutes to an hour [5]. It may be done with a spinal block where the woman is awake or under general anesthesia [5]. A urinary catheter is used to drain the bladder and the skin of the abdomen is then cleaned with an antiseptic [5]. An incision of about 15 cm (6 inches) is then typically made through the mother's lower abdomen [5]. The uterus is then opened with a second incision and the baby delivered [5]. The incisions are then stitched closed [5]. A woman can typically begin breast feeding as soon as she is awake and out of the operating room [5]. Often a number of days are required in the hospital to recover sufficiently to return home [5]. C-sections result in a small overall increase in poor outcomes in low-risk pregnancies [6]. They also typically take longer to heal from, about six weeks, than vaginal birth [5]. The increased risks include breathing problems in the baby and amniotic fluid embolism and postpartum bleeding in the mother [6]. Established guidelines recommend that caesarean sections not be used before 39 weeks of pregnancy without a medical reason [8]. The method of delivery does not appear to have an effect on subsequent sexual function [9]. In 2012, about 23 million C-sections were done globally [10]. The international healthcare community has previously considered the rate of 10% and 15% to be ideal for caesarean sections [7]. Some evidence finds a higher rate of 19% may result in better outcomes [10]. More than 45 countries globally have C-section rates less than 7.5% while more than 50 have rates greater than 27% [10]. There are efforts to both improve access to and reduce the use of C-section. [10] In the United States, about 33% of deliveries are by C-section. [5, 6] The surgery has been performed at least as far back as 715 BC following the death of the mother with the occasional baby surviving. [11] Descriptions of mothers surviving date back to the 1500s. [11] With the introduction of antiseptics and anesthetics in the 1800s survival of both the mother and baby became common. [11] our study showed that the causes of the postoperative complication are surgical site infection as cellulitis and abscess collection on 10 patients (10%), the next was postpartum hemorrhage 7 patients (7%), followed by hellp syndrome 2 patients (2%), and rupture uterus 1 patient. The infection treated by drainage of the abscese and antibiotics. The ruptured uterus treated by operation and suturing of the uterus. The others complication are treated conservatively at intensive care unit. The death rate is zero.

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