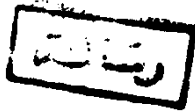


CAESAREAN SECTION TECHNIQUES & COMPLICATIONS

ESSAY

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M. Sc. Degree in
Obstetrics & Gynaecology*



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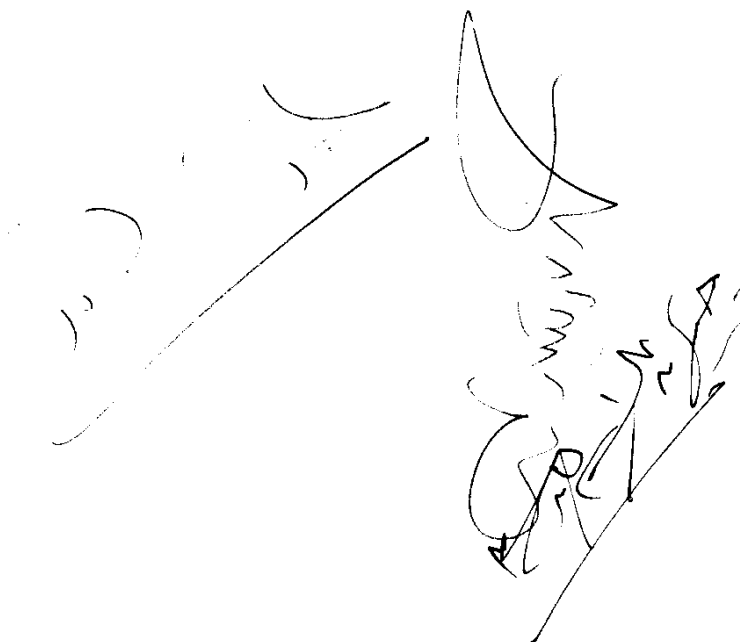




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Mona Mohamad

A large, stylized handwritten signature in black ink, likely belonging to Mona Mohamad, written over a diagonal line.

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Chapter I

Introduction & History

Introduction

Although caesarean section (C.S) is probably one of the oldest operation in the history of medicine its origin are rather obscure. Very few surgical procedures have been the subject of such bitter controversy, and, it is only in relatively recent times that its performance changed from a last minute attempt to save a child from an almost dead mother to a safe, often planned operation . (*Hillan. 1991*).

There is always a risk in attempting to elaborate excessively on such a common operation. Each of us will develop our own personal bases based on individual experience and expertise, these differences are superficially distinct but usually have underlying similarities that allow us to achieve similar outcome and expectations At the same time however, it is important to recognize that there is a difference between repetition and habit as opposed to altering a technique in order to meet a specific end. Obviously, with caesarean section there can be several ways to accomplish the same result, and certain situations will dictate the individualization (patient, not physician) of technique. Certainly, one has to be aware of his or her own expertise and at the same time know his or her options. It seems best not to limit oneself to the same technique under all circumstances but to be able to anticipate problems and know how to rectify them in a manner that will avoid undue injury or compromise to the infant and mother (*Field, 1988*).

This reflects the importance of our subject to review various techniques & complications of such important procedure.

Defenition

Caesarean section was known as sectio caesarean, partus hysteromotokey, this procedure had been still of great interest and controversy.

The original defenition in 1740 by the French Obstetrician M. Jean Louis Baudelocque (1746 - 1810) was that operation by which any way is opened for the child than that destined for by nature (*Young. 1944*).

Caesarean delivery today is generally defined as laparotomy (opening of the abdominal cavity through an anterior incision) plus hystrotomy (an incision into the uterus to remove the fetus). (*Pritchrad, et. al., 1985*).

- Vaginal caesarean operation (old term) or vaginal hysterotomy is a term used when the fetus is delivered abdominally; the incision instead of being in the lower uterine segment is made into the anterior vaginal wall
(*Gabert 1988*).

Terminology

The origin of the name caesarean operation :

Caesarean section was practiced upon dead women in the very early times, and was indeed so prescribed by an incient roman low, originated by Pomphilius (*Second King of Rome, 762 - 715 B. C.*).

Known as the lex Regia, by which it was forbidden to burry a pregnant woman befor her child had been cut out.

Later in the time of caesar, the low become the lex, Caesarea, and this is the most probable derivation of its present name. The term caesarean section, was first used by James Guillianeau in his book of midwifery, published in 1958 (*Pritchard et. al., 1985*).

The word caesarean as applied to the operation, was derived; sometimes in the middle ages from the latin verb caedera, to cut an obvious cognate in the word caesara, a cutting, or pause, in a line of verse. (*Gabert, et. al., 1988*).

This explanation of the term caesarean seems most logical, but exactly when it was first applied to the operation is uncertain. (*Gabert, el al., 1988*).

Since 'section' is derived from the latin verb "seco", which means "cut" the term caesarean section seems tautologically (*Pritchard et al., 1985*).

Therefore it is better to use the term "caesarean birth" rather than "caesarean sectin".

It was once thought that the name came from Julius caesar, who was supposed to be deliverd in this manner, (*Young 1944*).

Now this idea is not generally believed because his mother Aurelia was still alive when he invaded Britain and the understanding of human anatomy and physiology was so crude during that time that it is inconceivable that any person could have been recovered from such a major operation (*Gabert, et al., 1988*).

*** Historical notes**

It is quite impossible to ascertain exactly when operation of caesarean section was first performed. Caesarean section was practiced upon the dead women in very early times. It was required by religious law as early as 300 B. C. in Egypt and 1500 B. C in India. According to the old Roman law (Lex Regia), it was forbidden to bury a dead pregnant woman before her child has been taken out. This was as early as 715 B. C. Later in the time of caesars, the law became known as "lex caesarea" and this is the most probable derivation of its present name

(Percival, 1980).

Caesarean section on living is of more recent history. Jacob Nufer 1500 A.D. a Swiss saw gelder, who was the first to perform the operation on his wife in her first pregnancy and delivered a living infant. The patient made a good recovery and later years gave birth to other five children, including one set of twins by natural route. It is of course possible that the condition he dealt with was an advanced ectopic pregnancy (*Pritchard et al., 1985*).

In 1795 a negress delivered herself by a self-inflicted incision into left side and her uterus made with a broken butcher's knife 2.5 inches long and that she recovered from the operation (*Percival, 1980*)

In 1581, Francis and Rausset reported fifteen case histories and claimed that the operation did not injure the life of the mother or the child (*Aldjam, 1980*).

In 1876, an important modification of the operation was introduced by Italian obstetrician, Porro, who had amputated the body of the uterus and its appendages after extraction of the fetus and placenta, then he had fixed the cervical stump on the lower angle of the abdominal wound where the bleeding can be controlled by pressure (*Myerscough, 1982*).

Kehrer (1881) and *Sanger (1882)* had improved the operation by suturing the uterine wall before its replacement into the abdomen. Sanger opened it carefully in 2 layers, a deep layer and a superficial one (*Myerscough, 1982*).

- Ritgen (1787 - 1837), introduced the extra - peritoneal caesarean section. Such a technique was improved by Gaillard Thomas (1831 - 1903) Latzko and Everard Williams Frank (1907), Water (1940) and Norbn (1946) popularized that the operation by extra - peritoneal technique.

- *Krong in (1912)* was the first who have introduced the trans - peritoneal lower segment vertical incision. Very soon Kerr in (1962) modified it to transperitoneal lower segment transverse incision. This technique is the most commonly employed type of caesarean section today (*Pritchard, et al., 1985*).