



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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التوثيق الإلكتروني والميكروفيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY

**Comparative Study between Continuous
versus Interrupted Subcutaneous Tissue
Fat Closure in Post Cesarean Section
Pain and Scar Cosmesis:
A Randomized Comparative Trial**

Thesis

*Submitted for Partial Fulfillment of Master Degree in
Obstetrics and Gynecology*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

اسبغناك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٢٢

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List of Contents

Title	Page No.
List of Tables	i
List of Figures	ii
List of Abbreviations.....	iii
Introduction	1
Aim of the Work	3
Review of Literature	
Cesarean Delivery	4
Wound Healing	11
Patients and Methods.....	25
Results	33
Discussion	52
Summary	55
Conclusion	59
References	60
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table (1):	Baseline characteristics of women in both groups.....	34
Table (2):	Parity in both groups.....	36
Table (3):	Total doses of rescue paracetamol in both groups.....	37
Table (4):	Pain score (VAS) on day 1 in both groups.....	37
Table (5):	Vascularity grading on day 1 in both groups.....	39
Table (6):	Pain score (VAS) on day 10 in both groups.....	40
Table (7):	Vancouver Scar Scale (VSS) on day 10 in both groups: (items distribution per cases)	41
Table (8):	Vancouver Scar Scale (VSS) after 2 months in both groups: (items distribution per cases)	45
Table (9):	Vancouver Scar Scale (VSS) after 6 months in both groups: (items distribution per cases)	47
Table (10):	Vancouver Scar Scale (VSS) after 10 days, 2, and 6 months in both groups.....	51

List of Figures

Fig. No.	Title	Page No.
Figure (1):	Transverse incisions	5
Figure (2):	Wound Healing	13
Figure (3):	Wound healing process.....	14
Figure (4):	Stages of wound healing	15
Figure (5):	Epithelialization	18
Figure (6):	Fibroplasia	21
Figure (7):	Summary of the healing process	23
Figure (8):	Participants flow through the trial	33
Figure (9):	There is no significant difference between both groups regarding their mean age ($P>0.05$).....	35
Figure (10):	There is no significant difference between both groups regarding their mean body mass index (BMI) ($P>0.05$).....	35
Figure (11):	Box plot illustrating pain score using VAS on day 1 in both study groups. Box represents the interquartile range. Line inside the box represents the median. Whiskers represent minimum and maximum values.	38
Figure (12):		39
Figure (13):	Box plot illustrating pain score using VAS on Day 10 in both study groups. Box represents the interquartile range. Line inside the box represents the median. Whiskers represent minimum and maximum values.	40
Figure (14):		42
Figure (15):		45

List of Abbreviations

Abb.	Full term
<i>BMI</i>	<i>Body mass index</i>
<i>CS</i>	<i>Cesarean section</i>
<i>CTG</i>	<i>Cardiotocography</i>
<i>RCT</i>	<i>Randomized comparative trial</i>
<i>SC</i>	<i>Subcutaneous</i>
<i>SSI</i>	<i>Surgical site infection</i>
<i>VAS</i>	<i>Visual analogue scale</i>
<i>VSS</i>	<i>Vancouver Scar Scale</i>

INTRODUCTION

Over several decades, dramatic increase in the number of cesarean sections performed across the world, especially in developed country. The frequency of cesarean section increased from 6% to 27.2% (*Gregory et al., 2012*). However, the rate of births by cesarean sections still varies significantly in different countries and regions, in different hospitals, by the various factors such as social and economic health or individual factors, partly due to different perceptions of health workers and pregnant women about benefits and risks of cesarean sections (*Scott et al., 2006*).

Cesarean section (CS) is the delivery of a living baby by a surgical incision through the anterior abdominal wall and uterus and has been associated with severe maternal morbidity and mortality in the past (*Culver et al., 2010*).

Consequently, obstetricians around the world concerned about decreasing risks and complications for cesarean sections as the scar of a lower-segment CS has become the most common scar encountered in obstetric practice and its cosmetic effect is one of our concerns (*Brown et al., 2010*).

Only a small number of research studies evaluated the impact of various subcutaneous tissue and skin closure methods at cesarean section (CS). In a meta-analysis, a major decline in incision site rupture was revealed when suturing the

subcutaneous tissue in women with a subcutaneous depth >2cm. However, the outcome of these, the research performed, are made on a small number of patients, insufficient follow-up period of time for accurate long-term assessment. Postoperative wound complications are one of the great issues in CS with an incidence ranging from 3% to 30% (**Brown et al., 2010**).

Esthetic results after closure of the subcutaneous layer of fat is of great importance to be considered (**Conner et al., 2014**).

Evidence-based studies conclude and support the fact that suture closure of the subcutaneous fat layer during the CS decreases the risk of wound infection and disruption in women with a subcutaneous tissue deeper than 2cm, the effect of this intervention on esthetic outcome is not adequately explored in research studies (**Croma et al., 2010**).

The cosmetic outcome after closure of the subcutaneous fat is nevertheless worth being studied. Although the development of hypertrophic scarring seems to have multiple causes, tension acting on a scar has been reported to be a common initiating factor. Next to closure of the dead space, closure of the subcutaneous fat theoretically decreases tension on the above skin layer (**Meyer et al., 1991**).

AIM OF THE WORK

Subcutaneous tissue closure of subcutaneous fat better to be by continuous suturing as regard pain and cosmetic outcome in non-obese patients or it's better to be by interrupted suturing

Chapter 1

CESAREAN DELIVERY

As with the most surgical procedures, there is no standard technique for caesarean delivery. In many cases, small absolute differences in outcome among surgical techniques are not clinically important; in these settings, time and cost savings assume greater importance (*Temmerman et al., 2016*).

Opening the abdomen

The advantages and disadvantages of various incisions and the procedure for opening the abdomen from skin to peritoneum are generally the same as for and open abdominal surgery (*Bamigboye et al., 2014*).

Skin incision

Choice of incision

For most patients, a transverse skin incision is preferred since it is associated with a better cosmetic appearance and possibly less postoperative pain and hernia formation than the vertical midline skin incision (*Bickenbach et al., 2013*).

Although seldom performing a vertical midline incision, selection of this approach when: The incision-to-delivery time is critical, A transverse incision may not provide adequate exposure and the patient has a bleeding diathesis and thus is at

increased risk of subcutaneous or subfascial hematoma formation (*Brown et al., 2005*).

Transverse incisions

Two common transverse incisions for cesarean delivery are the Pfannenstiel type and the Joel-Cohen type incisions (*Bennich et al., 2016*).

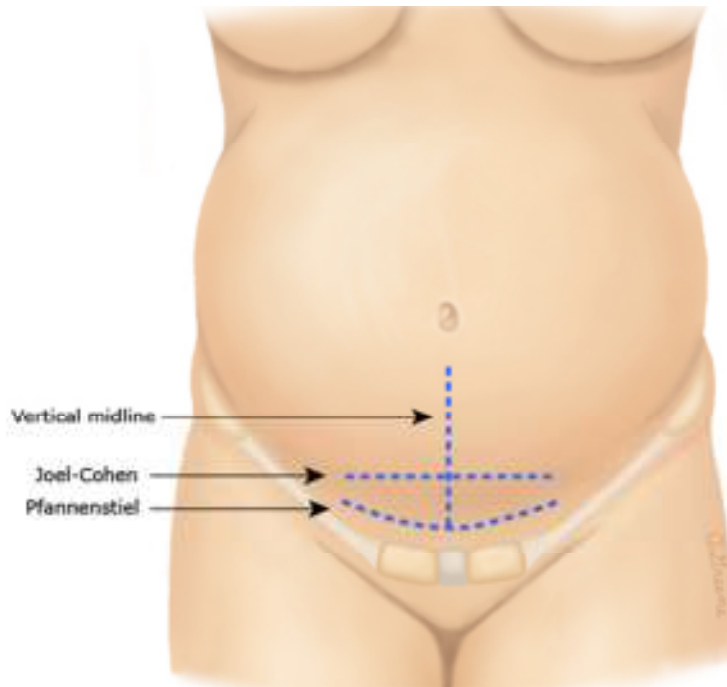


Figure (1): Transverse incisions

- The Pfannenstiel skin incision is slightly curved, 2 to 3 cm above the symphysis pubis, with the midportion of the incision within the clipped area of the pubic hair (*Smin et al., 2011*).