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INTRAOPERATIVE AND POSTOPERATIVE OUTCOMES OF PATIENTS OF PREVIOUS LSCS WITH SCAR TENDERNESS

Dr Misbah Farheen	
Dr Chandana Vidya Shankar	Asst Professor Obg Department.
Dr Sharan J Pal	Professor Obg Department
Dr Jameela C	Professor Obg Department
Dr Rekhalatha	Professor And Hod Obg Department
Dr Keerthi Kyanakond	Associate Professor Obg Department
Dr Sadhana Adapathya	Asst Professor Obg Department Kanachur Institute Of Medical Sciences, Mangalore.

KEYWORDS :

INTRODUCTION

- As per the Cragin's dictum once a C-Section, always a C-Section(1916).1
- Later on, Vaginal Birth after Caesarean Section (VBAC) was considered safer than repeat elective CS in a carefully selected population with improved maternity care and institutional delivery for a previous caesarean section(1980). 2,3,4
- However VBAC is not always complication free, It has its own inherent risk of scar rupture.

Aim Of Study

- Evaluate intra-operative and postoperative findings in patients of previous lower segment caesarean section with scar tenderness.

Inclusion Criteria

- Patients with previous LSCS at 37-42 weeks gestation presenting with scar tenderness.

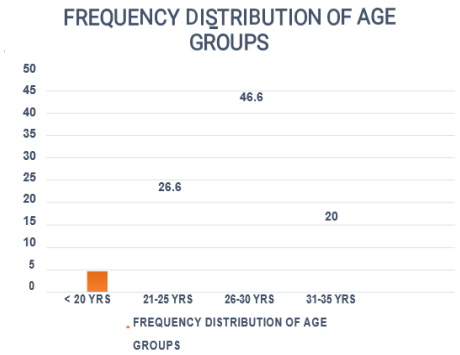
Exclusion Criteria

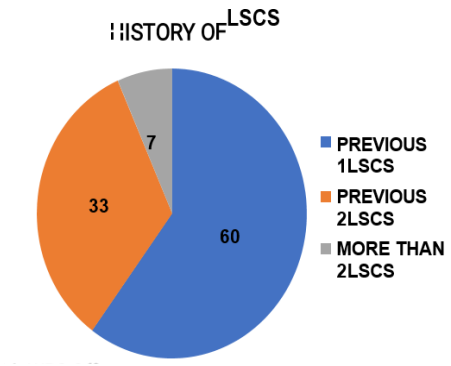
- Elective repeat LSCS were excluded from the study.

Methodology

- A prospective observational study conducted in the Department of Obstetrics and Gynaecology at Kanachur Institute of Medical Sciences Hospital.
- A total of 30 patients were studied from August 2022 to September 2023.
- Patients presenting with scar tenderness were taken up for emergency LSCS and intraoperative scar condition was described in terms of scar rupture ,scar dehiscence and intact thin scar.
- Scar rupture was defined by giving way of the scar with the fetus in the abdominal cavity.
- Dehiscence was defined as a defect in the lower segment at the scar site with fetus inside the uterus.
- Thin scar was defined as a thin intact scar on lower uterine segment.

Observation





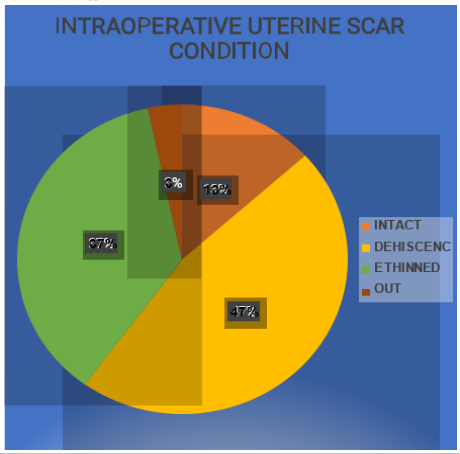


Table 1: Post Operative Complications

Complications	Number of patients	%
Wound infections	1	3.3
Blood transfusion	2	6.6

Table 2: Fetal Outcome

Fetal complication	Number of patients	%
Meconium stained liquor	2	6.66
Apgar <7 at 5min	1	3.33
NICU admisssion	6	20

Table 3: Gestational Age

Gestational Age	Number of patients	Percentage (%)
37-38 weeks	17	56.6
39-40 weeks	10	33.3
>40 weeks	3	10

Avg Gestational age at presentation 38 weeks

Table 4: Interpregnancy Interval

Interpregnancy interval	Number of patients	Percentage (%)
1-2 years	16	53.3
3-4 years	9	30
> 5 years	5	16.6

Avg Interpregnancy interval : 2 years

RESULT

During this period repeat emergency LSCS was performed in 30 patients with scar tenderness. Scar dehiscence was noted in 14 (46.6%), thinned out scar in 11 (36.6%) patients. Scar was intact in 4 cases (13.3%) and scar rupture in 1 patient(3.33%). NICU admission was done in 6 cases (20%).

Average hospital stay was 5 days. Blood transfusion was needed in 2 cases (6.6%), onset of pains to reporting to hospital 3 hours.

DISCUSSION

- Scar tenderness is a sign which can be elicited early and easily. It is more valuable tool in the settings where continuous electronic fetal heart rate monitoring is not available. 4,5
- Patients complaining of pain at suprapubic area should be evaluated for scar tenderness. 5,6
- Obstetrician should ensure an appropriate delivery plan for each patient of vaginal birth after caesarian section (VBAC). 5,6
- Planned and supervised institutional deliveries are with fewer complications. 7
- There are some absolute contraindications to allowing an attempt at vaginal delivery, such as classical scar, multiple pregnancy, previous ruptured uterus, cephalopelvic disproportion and malpresentation in present pregnancy. 8

CONCLUSION

- As per the observation in our study the presence of scar tenderness in patients presenting with lower abdominal and suprapubic pain has a clear association with scar dehiscence or imminant scar rupture, this highlights the need for emergency management of patients who presents with scar tenderness.

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