

Original Research

Assessment of complications of Cesarean section

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ABSTRACT:

BACKGROUND: The number of Cesarean delivery is increasing and accounts for about one-third of all births. There are no true medical contraindications to the Cesarean section. A Cesarean is an option if the pregnant patient is dead or dying or if the fetus is dead or dying. The present study was conducted for assessing the complications of Cesarean section. **MATERIALS & METHODS:** A total of 200 women, delivered by caesarean section were studied retrospectively. Complete demographic and clinical details of all the subjects were assessed. A Performa was made and all the intra-operative and postoperative findings were assessed. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software. **RESULTS:** corpus laceration was seen in 2 percent of the patients while blood loss of more than 1000 ml was seen in 3 percent of the patients. Bladder lesion and cervical/vaginal lesion was seen in 1.5 percent of the patients each. Sepsis was seen in 4 percent of the patients. Elective Cesarean section was associated with higher incidence of complications. **CONCLUSION:** Emergency caesarean sections carried the greatest risks regarding maternal complications compared to elective procedures.

KEY WORDS: Cesarean, Section, Complication

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INTRODUCTION

The number of cesarean delivery is increasing and accounts for about one-third of all births. The procedure is not free of peri- and postprocedural complications that can be divided into early and late ones. Given cesarean delivery's increasing use, there is also an increase of complications encountered. Early complications include peri- and postprocedural conditions within 30 days after a cesarean delivery; late complication may occur also after some years and especially in a successive pregnancy.¹⁻³

Overall early complication rate is about 14.5% and infection (such as endometritis and wound infections) is the most common complication. Fortunately, severe complications (i.e., uterine rupture) remain uncommon. Prolonged ruptured membranes, increased duration of labor prior to surgery but also anemia and obesity are considered risk factors for postoperative morbidity.^{4,5}

There are no true medical contraindications to the cesarean section. A cesarean is an option if the pregnant patient is dead or dying or if the fetus is dead or dying. While there are ideal conditions for cesarean, such as the availability of anesthesia and antibiotics, and appropriate equipment, the absence of these is not a contraindication if the clinical scenario dictates. Ethically, a cesarean is contraindicated if the pregnant patient refuses. Adequate education and counseling are crucial for informed consent. However, if the pregnant patient does not consent to have surgery performed upon her body, ultimately, it is her right as an autonomous patient.^{6,7} Hence; the present study was conducted for assessing the complications of Cesarean section.

MATERIALS & METHODS

The present study was conducted for assessing the complications of Cesarean section. A total of 200 women, delivered by caesarean section were studied

retrospectively. Complete demographic and clinical details of all the subjects were assessed. A Performa was made and all the intra-operative and postoperative findings were assessed. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software.

RESULTS

The present study was conducted for assessing the complications of Cesarean section. A total of 200 subjects were analysed. Uterine corpus laceration was seen in 2 percent of the patients while blood loss of more than 1000 ml was seen in 3 percent of the patients. Bladder lesion and cervical/vaginal lesion was seen in 1.5 percent of the patients each. Sepsis was seen in 4 percent of the patients. Elective Cesarean section was associated with higher incidence of complications.

Table 1: Complications associated with Cesarean section

Complications	Number of subjects	Percentage
Uterine corpus laceration	4	2
Blood loss of more than 1000 ml	6	3
Bladder lesion	3	1.5
Cervical/vaginal lesion	3	1.5
Sepsis	8	4

Table 2: Comparison of Complications among subjects with emergency Cesarean section and elective Cesarean section

Complications	Elective Cesarean	Emergency Cesarean
Uterine corpus laceration	1	3
Blood loss of more than 1000 ml	3	3
Bladder lesion	1	2
Cervical/vaginal lesion	1	2
Sepsis	3	5

DISCUSSION

The rate of cesarean section has been on a continuous increase for justifiable as well as unjustifiable medical and non-medical reasons, and this trend should preferably be discontinued. The recommended rate of cesarean sections is around 15% in the largest and best-equipped obstetric tertiary centers with a high concentration of gestational and obstetric pathology, whereas in smaller maternity units it should be even lower. Although the operative technique and logistics have considerably improved, thus reducing the morbidity and mortality associated with cesarean section, it should still be borne in mind that cesarean section remains a serious operation burdened with certain risks and complications, as well as with long-term consequences for both the mother and the child. The incidence of intraoperative complications is estimated to 12%-15%; complications are less

common during elective cesarean section (2.6%-6.8%) versus emergency cesarean section (5.2%-14.8%).⁸⁻¹⁰ Hence; the present study was conducted for assessing the complications of Cesarean section.

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In the present study, elective Cesarean section was associated with higher incidence of complications. In a similar study conducted by Mascarello KC, authors determined the risks of severe acute maternal complications associated with cesarean section without medical indication. A systematic review was carried out with meta-analysis. The results obtained in the meta-analyses indicate that women with cesarean section have a higher chance of maternal death and postpartum infection, but they have a lower chance of hemorrhage. For the blood transfusion outcome, the group effect was not associated with the type of delivery. The quality of evidence was considered low for hemorrhage and blood transfusion and moderate for postpartum infection and maternal death.¹²

CONCLUSION

Emergency caesarean sections carried the greatest risks regarding maternal complications compared to elective procedures.

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