

Original research article

A Retrospective Evaluation of Complications Occurring in Patients Undergoing C Section in Department of Obstetrics and Gynaecology SMS Medical College, Jaipur

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ABSTRACT

Background: A caesarean section (CS) is a life-saving surgical procedure when certain complications arise during pregnancy and labour. Hence; we planned the present study to assess complications occurring in patients undergoing c section in department of obstetrics and gynecology SMS medical college, Jaipur.

Materials & Methods: The present study was conducted in the department of obstetrics and gynecology of the medical institute and it included assessment of complications occurring in patients undergoing c section. A total of 250 patients were included in the present study that underwent C section. Detailed demographic and clinical details of all the subjects were compiled. Both intraoperative and postoperative complications if any, was recorded and compiled in the Microsoft excel sheet and were analyzed by SPSS software.

Results: Pain and infection were the most common complications observed in the present study, found to be present in 6 percent and 4 percent of the patient population. Hemorrhage, incidental surgical injuries and emergency hysterectomy were seen in 3.2, 0.8 and 1.2 percent of the patient population. Adhesion formation was seen in 1.2 percent of the patient population.

Conclusion: Cesarean sections should be performed with caution. The main task in relation to cesarean sections is its finest use, which on the one hand is an important resource for the reduction of maternal and neonatal mortality.

Key words: Cesarean, Complications, Risk.

INTRODUCTION

Rapid change in the scientific, social and cultural and, in particular, legal field has led to a fundamental change in attitudes to cesarean section among patients and doctors. A caesarean section (CS) is a life-saving surgical procedure when certain complications arise during pregnancy and labour.¹⁻³ Maternal indications are the maternal conditions predating the pregnancy that could complicate delivery like vesicovaginal fistula repair, previous uterine surgery, and medical causes. Obstetric indications are the conditions brought about by the current pregnancy like placenta previa, abruptio placentae, placenta accreta, and cord prolapse.^{4,5} However, it is

a major surgery and is associated with immediate maternal and perinatal risks and may have implications for future pregnancies as well as long-term effects that are still being investigated.⁶ Under the light of above mentioned data, we planned the present study to assess complications occurring in patients undergoing c section in department of obstetrics and gynecology SMS medical college, Jaipur.

MATERIALS & METHODS

The present study was conducted in the Department of Obstetrics and Gynecology, SMS Medical College & Attached Group of Hospitals, Jaipur, Rajasthan (India) and it included assessment of complications occurring in patients undergoing c section. A total of 250 patients were included in the present study that underwent C section. Exclusion criteria for the present study included:

- Hypertensive and diabetic patients,
- Patients with negative history of any other systemic illness,
- Patients with any known drug allergy

Pre-surgical details of all the subjects were obtained. Detailed demographic and clinical details of all the subjects were compiled. Both intraoperative and postoperative complications if any, was recorded and compiled in the Microsoft excel sheet and were analyzed by SPSS software.

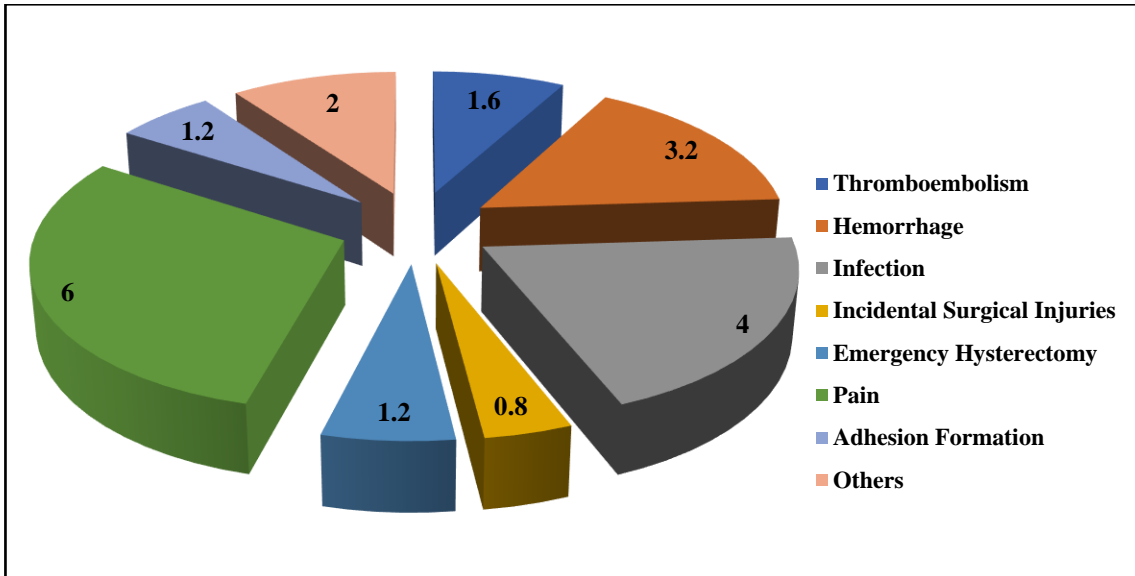
Table 1: Age-wise distribution of subjects

| Age group | Number of patients | Percentage |
|--------------|--------------------|------------|
| Less than 25 | 80 | 32 |
| 25 to 30 | 70 | 28 |
| More than 30 | 100 | 40 |
| Total | 250 | 100 |

Table 2: Complications

| Complications | Number of subjects | Percentage |
|------------------------------|--------------------|------------|
| Thromboembolism | 4 | 1.6 |
| Hemorrhage | 8 | 3.2 |
| Infection | 10 | 4 |
| Incidental Surgical Injuries | 2 | 0.8 |
| Emergency Hysterectomy | 3 | 1.2 |
| Pain | 15 | 6 |
| Adhesion Formation | 3 | 1.2 |
| Others | 5 | 2 |

Graph 1: Complications



RESULTS

Data records of a total of 250 patients were analyzed. Mean age of the patients of the present study was 26.5 years. Majority of the patients belonged to the age group of more than 30 years.

Pain and infection were the most common complications observed in the present study, found to be present in 6 percent and 4 percent of the patient population. Hemorrhage, incidental surgical injuries and emergency hysterectomy were seen in 3.2, 0.8 and 1.2 percent of the patient population. Adhesion formation was seen in 1.2 percent of the patient population.

DISCUSSION

Properly performed cesarean sections that follow an accurate medical indication are life-saving procedures. However, on the one hand, the provision of safe and timely cesarean sections remains a major challenge in countries with high maternal mortality, where they are insufficient; on the other hand, their excess in certain regions results in the challenge of minimizing cesarean sections without clinical indication.⁶⁻⁸ In the present study, data records of a total of 250 patients were analyzed. Mean age of the patients of the present study was 26.5 years. Majority of the patients belonged to the age group of more than 30 years.

Mylonas I et al reviewed the indications for and risks of Elective Cesarean Section. The review was based on pertinent publications that were retrieved by a selective search in the PubMed, Scopus, and DIMDI databases, as well as on media communications, analyses by the German Federal Statistical Office, and guidelines of the Association of Scientific Medical Societies in Germany (AWMF). The increased rates of cesarean section are thought to be due mainly to changed risk profiles both for expectant mothers and for their yet unborn children, as well as an increase in cesarean section by maternal request. In 1991, 15.3% of all newborn babies in Germany were delivered by cesarean section; by 2012, the corresponding figure was 31.7%, despite the fact that a medical indication was present in less than 10% of all cases. This development may perhaps be explained by an

increasing tendency toward risk avoidance, by risk-adapted obstetric practice, and increasing media attention. The intraoperative and postoperative risks of cesarean section must be considered, along with complications potentially affecting subsequent pregnancies. Scientific advances, social and cultural changes, and medicolegal considerations seem to be the main reasons for the increased acceptability of cesarean sections.⁹

In the present study, pain and infection were the most common complications observed in the present study, found to be present in 6 percent and 4 percent of the patient population. Hemorrhage, incidental surgical injuries and emergency hysterectomy were seen in 3.2, 0.8 and 1.2 percent of the patient population. Adhesion formation was seen in 1.2 percent of the patient population. Keag OE et al described the long-term risks and benefits of cesarean delivery for mother, baby, and subsequent pregnancies. The primary maternal outcome was pelvic floor dysfunction, the primary baby outcome was asthma, and the primary subsequent pregnancy outcome was perinatal death. Medline, Embase, Cochrane, and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases were systematically searched for published studies in human subjects (last search 25 May 2017), supplemented by manual searches. Included studies were randomized controlled trials (RCTs) and large (more than 1,000 participants) prospective cohort studies with greater than or equal to one-year follow-up comparing outcomes of women delivering by cesarean delivery and by vaginal delivery. This was a comprehensive review adhering to a registered protocol, and guidelines for the Meta-analysis of Observational Studies in Epidemiology were followed, but it is based on predominantly observational data, and in some meta-analyses, between-study heterogeneity is high; therefore, causation cannot be inferred and the results should be interpreted with caution. When compared with vaginal delivery, cesarean delivery is associated with a reduced rate of urinary incontinence and pelvic organ prolapse, but this should be weighed against the association with increased risks for fertility, future pregnancy, and long-term childhood outcomes.¹⁰

CONCLUSION

Under the light of above obtained results, the authors conclude that cesarean sections should be performed with caution. The main task in relation to cesarean sections is its finest use, which on the one hand is an important resource for the reduction of maternal and neonatal mortality.

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