The evidence-based C-section and the risks involved in the exaggeration of its use

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As most abdominal operations have endoscopic alternatives, caesarean section will remain the only abdominal operation in the future. Therefore it’s of utmost importance to constantly evaluate the various steps for his or her necessity and for his or her optimal way of performance. The modified Joel-Cohen method leads to a shorter incision to delivery time, lower rate of febrile morbidity compared to the normal Pfannenstiel incision. The use of sharp instruments for opening peritoneum as it will be proved to be safer, and exteriorization of the uterus makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only leads to stronger scars and reduced pain. Leaving both peritoneum layers open reduces adhesions. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis and by a right-handed surgeon, from the right to the left, proved to be ergonomic. Since the introduction of this modified and simplified method, it’s been evaluated in dozens of peer-reviewed publications from different countries. Without exception, all showed various advantages of this method: shorter operation time, shorter hospitalization, quicker mobilization, less blood loss, lower rate of febrile morbidity, lower costs, and less need for painkillers. Only 10 instruments and three sutures are needed, which simplifies the workload of nurses. In order to standardize this operation, it is important to use constantly the same needles and instruments. Big needle is important for the uterus, as fewer steps are done and thus less foreign body reaction. This operation is suggested as universal routine method for cesarean delivery and its principles should apply to all or any surgical disciplines. Unfortunately, the speed of cesarean delivery is rising constantly round the world. As evolution continues, it might be influenced by this high rate. In this presentation, the logic of the necessity to limit the numbers of cesarean delivery supported anthropological studies are going to be presented.

Rates of caesarean delivery still rise worldwide, with recent (2016) reported rates of 24.5% in Western Europe, 32% in North America, and 41% in South America. In the presence of maternal or fetal complications, caesarean delivery can effectively reduce maternal and perinatal mortality and morbidity; however, an increasing proportion of babies are delivered by cesarean when there is no medical or obstetric indication. The short-term adverse associations of caesarean delivery for the mother, like infection, haemorrhage, visceral injury, and venous thromboembolism, is minimized to the delivery for the mother, like infection, haemorrhage, visceral injury, and venous thromboembolism. The fascia being sutured continuously makes stitching easier and avoids unnecessary bleeding. Leaving both peritoneum layers open reduces adhesions. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis and by a right-handed surgeon, from the right to the left, proved to be ergonomic. Since the introduction of this modified and simplified method, it’s been evaluated in dozens of peer-reviewed publications from different countries. Without exception, all showed various advantages of this method: shorter operation time, shorter hospitalization, quicker mobilization, less blood loss, lower rate of febrile morbidity, lower costs, and less need for painkillers. Only 10 instruments and three sutures are needed, which simplifies the workload of nurses. In order to standardize this operation, it is important to use constantly the same needles and instruments. Big needle is important for the uterus, as fewer steps are done and thus less foreign body reaction. This operation is suggested as universal routine method for cesarean delivery and its principles should apply to all or any surgical disciplines. Unfortunately, the speed of cesarean delivery is rising constantly round the world. As evolution continues, it might be influenced by this high rate. In this presentation, the logic of the necessity to limit the numbers of cesarean delivery supported anthropological studies are going to be presented.

Fetal distress, indicated by abnormal fetal heart rate

Abnormal position of the fetus breech presentation (breech or transverse positioning)

Labour that fails to progress

Size of a baby is too large to be delivered vaginally

Previous history of cesarean delivery Initially, clinicians were concerned about the scar from the previous birth rupturing. However, growing evidence is supporting safe childbirth after cesarean (VBAC)

The same study mentioned previously by Karakaya and colleagues also included transcutaneous electrical nerve stimulation (TENS). The TENS pads were placed on either side of the incision and it was set to the following parameters: frequency of 120 Hz, pulse width of 60 us, and intensity evoking a strong tingling sensation for 30 minutes. The researchers found that pain and
difficulty performing functional activities decreased significantly as measured by visual analogue scales at rest and through movement. This study supports other research that has indicated TENS to be effective in decreasing post-cesarean incisional pain. A meta-analysis calculated the mean formation rate of adhesions to be 41% amongst women undergoing cesarean delivery procedures, and postoperative adhesions have been found to be a culprit in chronic pain. Nonsurgical management has included various soft tissue interventions. In a pilot study, Comesana and colleagues performed myofascial induction therapy sessions on 10 women with cesarean section scars older than 1.5 years. Results were similar, therein they showed improved structure of the scar and improved function and quality of life as measured by ultrasound, Schober's Test, and therefore the 36-Item Short Form Survey A randomized controlled trial was done more recently by Wasserman and colleagues. Participants were split into 2 groups who received 4 treatments. Group 1 received superficial massage and scar rolling; Group 2 received the same treatment in formation.