

ESS BANFF

SURGICAL PEARLS, CASE DISCUSSIONS, INTRAOPERATIVE BLEEDING,
OPEN DISCUSSION
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THIS SESSION...

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- Is an interactive discussion of issues and complications not a didactic lecture!!!
 - So far, requests have been received to cover:
 - 3rd and 4th degree tears
 - Intraoperative bleeding, including postpartum hemorrhage
 - Extensions at C-section, especially of the angles
 - Cervical tears
 - “Gentle Cesarean” as seen on CNN
 - More topics can be added to this list at your discretion

FIRST OF ALL, THANK YOU!

- For what you do everyday.

IN THE NEXT 30 MINUTES...

- We will start with a clinical example of each (either your cases or mine)
- We will discuss the specific issue, its epidemiology, prevention and treatment
- We will explore techniques to deal with each issue, using CNIS models

3RD AND 4TH DEGREE TEARS

- Cross reference with OASIS (Obstetrical Anal Sphincter Injuries), especially in the UK literature
- Overall incidence approx. 6% in primiparae, 1.7% in multiples
- Upward trend is probably better reporting, not more cases.
- Specific concerns?

3RD AND 4TH DEGREE TEARS

- Most important points:
- Exposure, exposure, exposure
- Analgesia, analgesia, analgesia
- Avoid figure of 8 sutures on mucosa
- Assure complete closure, with careful rectal exam
- Mattress sutures for internal sphincter, or interrupted.
- Avoid overly tight sutures to avoid necrosis

3RD AND 4TH DEGREE TEARS

- Get help if possible (obviously)
- Broad spectrum antibiotics,
- Stool softeners
- Physio!!
- Demonstration...

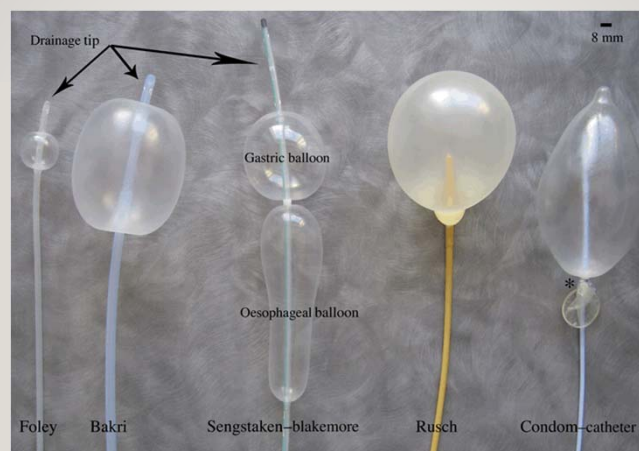
INTRAOPERATIVE BLEEDING AT C-SECTION

- Is source of bleeding obvious? If not:
- Follow usual protocol for postpartum hemorrhage (“Four Ts”) to diagnose source of bleeding
- Don’t forget usual medical management of PPH (oxy, hemabate, etc.)
- Move quickly and confidently

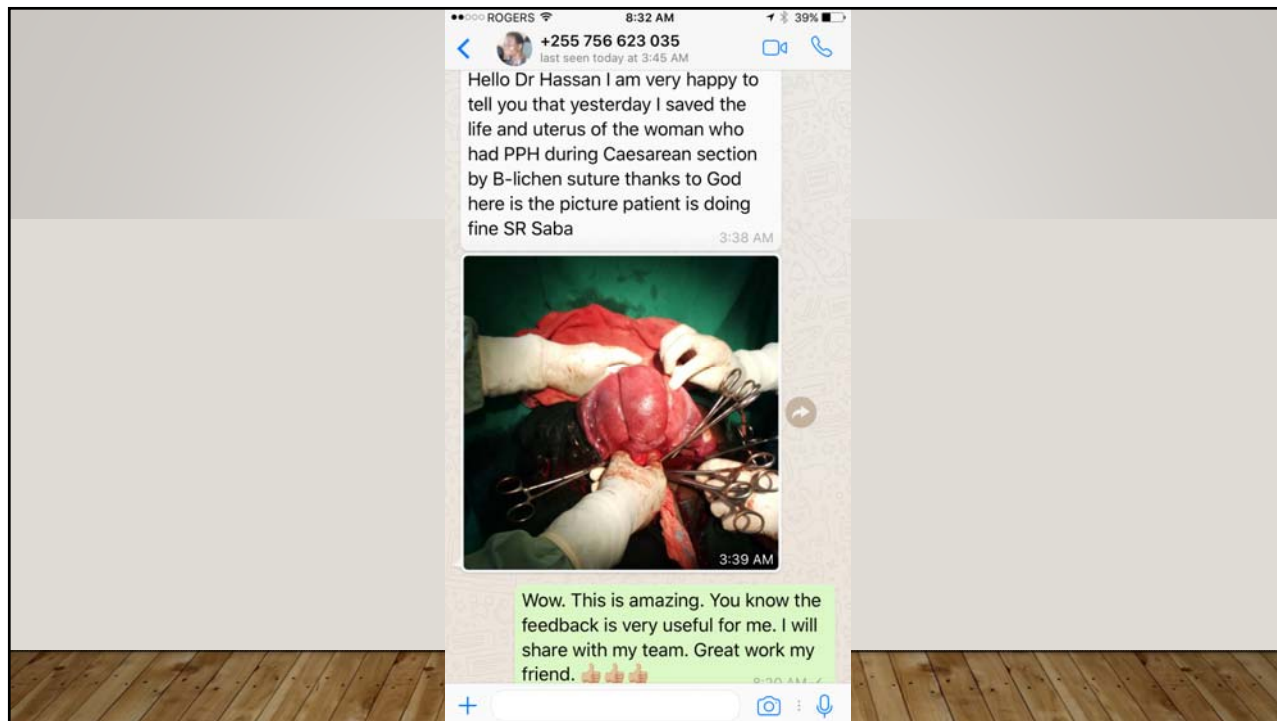
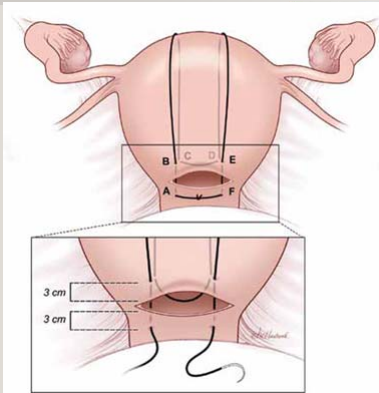
PPH – Surgical Management

- ***Intrauterine Balloon Tamponade**
- ***Uterine Compression Sutures**
- **Other options:**
 - Uterine Artery Ligation
 - Internal iliac artery ligation
 - Hysterectomy

BALLOON TAMPONADE IN THE MANAGEMENT OF POSTPARTUM HAEMORRHAGE: A REVIEW



B- LYNCH SUTURE



B LYNCH

- From our last course in rural Tanzania, from one of our course participants



B LYNCH DEMONSTRATION

Using CNIS model

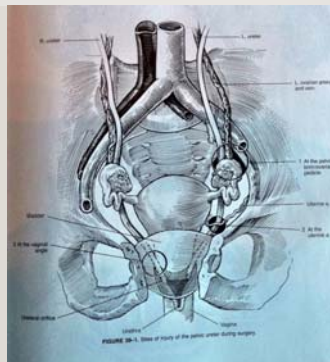
ANGLE EXTENSIONS

Common, and commonly missed

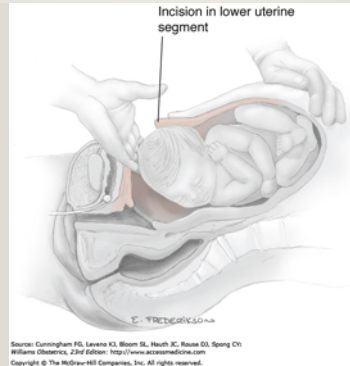
Exposure is paramount

Good assistance and good suction

SITES OF INJURY OF PELVIC URETER DURING SURGERY (CIRCLED)



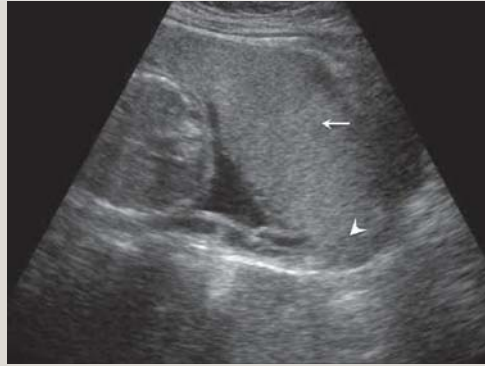
USUALLY OCCURS AT TIME OF HEAD EXTRACTION



ANGLE EXTENSION

- Demonstration using CNIS model

OPENING WITH A LOW PLACENTA



THE “GENTLE CESAREAN”: WHAT’S IT ALL ABOUT? IS IT BETTER?

- Elements:
- Blunt dissection whenever possible
- Slower delivery of the head, baby to mom’s abdomen
- Spontaneous deliver of placenta
- Uterus not exteriorized
- Layered closures vary

CERVICAL TEARS

- Often undiagnosed until hours postpartum
- Simple technique to examine the cervix
- Simple technique to visualize the base of the tear
- Demonstration with CNIS model

TIME PERMITTING...

- WHO Evidenced based Cesarean: why we do what we do
- (WHO video)