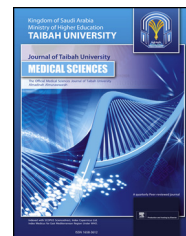




Taibah University
Journal of Taibah University Medical Sciences

www.sciencedirect.com



Original Article

Peer review and audit of morbidity after three or more caesarean sections



Vaidyanathan Gowri, FRCOG*, Hazel Gonsalvez, MD, Nihal Al Riyami, FRCSC, Lovina Machado, FRCOG, Tamima Al Dugghaishi, FRCSC and Mariam Mathew, FRCOG

Department of Obstetrics and Gynecology, Sultan Qaboos University and Hospital, Muscat, Oman

Received 25 July 2013; revised 30 October 2013; accepted 1 November 2013

Available online 11 July 2014

المخلص

أهداف البحث: استعراض لنتائج الأم والموليد بعد العملية القيصرية الثالثة وما بعدها بين سجلات ستة أطباء نواب للتوليد. وكانت النتائج الرئيسية التي درست هي مرضة الأم، وما ينتج من مضاعفات أثناء الجراحة وبعدها للأم وكذلك للموليد.

طرق البحث: أجريت دراسة استيعادية على النساء اللاتي خضعن سابقاً لاثنتين أو أكثر من العمليات القيصرية، والمسجلين ضمن سجلات ستة أطباء نواب للتوليد بالمستشفى التعليمي المرجعي بجامعة السلطان قابوس في سلطنة عمان. وقد تم جمع البيانات بأثر رجعي من السجلات الصحية الإلكترونية لـ 120 امرأة عمانية ما بين يناير 2010م، وديسمبر 2011م، أي بمعنى 20 امرأة من كل سجل.

النتائج: تم تسجيل النزف لأكثر من 1000 مل عند 10% من المرضى، وأصبحت مائة مريضة واحدة أثناء الجراحة، وحدثت عدوى للجرح بعد العملية عند 5% من المرضى. وسجلت صعوبة في فتح البطن عند مريضة واحدة، وأصبحت مريضة واحدة بجلطة في الأوردة العميقة بالساق رغم حصولها على الهيبارين وقانيا. كان واحد من المواليد خديجا، بينما كان أربعة من المواليد نموه متعثراً داخل الرحم. بالنسبة للمضاعفات أثناء الجراحة مثل فقدان الدم، وإصابة الأحشاء، ومتوسط زمن العملية القيصرية، ومضاعفات ما بعد الجراحة، مثل جلطة الأوردة العميقة بالساق، وعدوى الجرح وارتفاع درجة الحرارة، فكانت متقاربة بين المسجلين بالسجلات الستة.

الاستنتاجات: مستوى الأطباء النواب متقارب حسب المعايير الدولية.

الكلمات المفتاحية: عملية قيصرية؛ مراجعة الأنداد؛ المراجعة؛ المرضة؛ الطبيب الناتب

Abstract

Objective: A review of maternal and newborn outcomes after a third or more caesarean section was conducted among six obstetrician registrars. The main outcome measures were maternal morbidity, intraoperative and postoperative complications and neonatal outcome.

Methods: A retrospective cohort study was conducted of caesarean sections for women who had previously undergone two or more caesarean section performed by six obstetrician registrars in Sultan Qaboos University Hospital, a tertiary referral hospital in Oman. Retrospective data were collected from electronic health records of 120 Omani women between January 2010 and December 2011 (20 per registrar).

Results: Haemorrhage of more than 1000 ml was recorded in 10% of patients, one patient was found to have a bladder injury intraoperatively, and postoperative wound infection occurred in 5% of patients. Difficulty in opening the abdomen was found in one patient, and one case of deep vein thrombosis occurred despite prophylactic heparinisation. One infant was preterm, and four had intrauterine growth restriction. Intraoperative complications, such as blood loss, visceral injury and long mean operating time and postoperative complications, such as deep vein thrombosis, wound infection and febrile morbidity, were comparable among the registrars.

* Corresponding address: Associate Professor, Department of Obstetrics and Gynecology, Sultan Qaboos University and Hospital, Muscat, Oman.

E-mails: gowrie61@hotmail.com, Gowri@squ.edu.om (V. Gowri)
Peer review under responsibility of Taibah University.



Production and hosting by Elsevier

Conclusion: The standard of the registrars was comparable, and similar to international standards.

Keywords: Audit; Caesarean section; Morbidity; Peer review; Registrar

© 2014 Taibah University. Production and hosting by Elsevier Ltd. All rights reserved.

Introduction

Caesarean section is the commonest operative procedure in obstetrics. Serious maternal morbidity increases progressively with an increasing number of caesarean deliveries, especially placenta praevia and accreta.¹ The major types of maternal morbidity and mortality in women with multiple caesarean sections were reported by Silver et al.¹ to be placenta accreta and hysterectomy. Even in the absence of placenta praevia or accreta, women undergoing multiple repeated caesarean deliveries were reported to be at risk for surgical morbidity, including blood loss requiring four units or more, cystotomy, bowel injury, ureteral injury, ileus, requirement for postoperative ventilation, admission to intensive care, long operating time and long hospitalisation. Morbidity increased with an increasing number of caesarean deliveries. Silver et al. studied 8123 women who underwent more than two caesarean sections, making it the largest study to date.

Few studies have directly assessed the risk associated with repeated caesarean deliveries, and those apart from that of Silver et al. involved relatively few women.^{2,3} A few studies are available on bladder injuries during caesarean section or on maternal and newborn outcomes after multiple caesarean sections.⁴⁻⁶ A peer review audit on justification and indications for caesarean section was conducted for 50 consecutive interventions and published in 1993.⁷ As, to the best of our knowledge, no peer review of obstetricians

performing caesarean sections has been reported, we conducted a hospital peer review.

Materials and Methods

We compared maternal and newborn complications for women who had two or more caesarean sections in the services of six senior registrars. The primary sections were usually performed by junior staff (senior house officers) and were not included. The peer review was approved by the institutional ethics committee. A total of 120 patients who had a caesarean section for the third time or more between January 2009 and December 2012 were included, representing 20 per registrar. The following information was collected from the electronic records of the patients:

- number of previous caesarean sections
- elective or emergency surgery
- duration of surgery
- intraoperative complications
- estimated blood loss
- preoperative and postoperative haemoglobin
- postoperative complications
- length of hospital stay
- neonatal outcome

Some of the information had to be retrieved from anaesthesiology records.

Statistical analysis was carried out with IBM SPSS Statistics-19 for Windows. Appropriate charts were used to compare the results. One-way ANOVA was used to compare means if the pattern of the distribution was normal; otherwise, the Kruskal Wallis test was used. A p value ≤ 0.05 was considered significant.

Results

All the patients were Omanis of a mean age of 34.5 ± 4.05 years. The median gestation at delivery was 38 weeks, with a mean of 37.4 ± 1.6 weeks. None of the patients smoked.

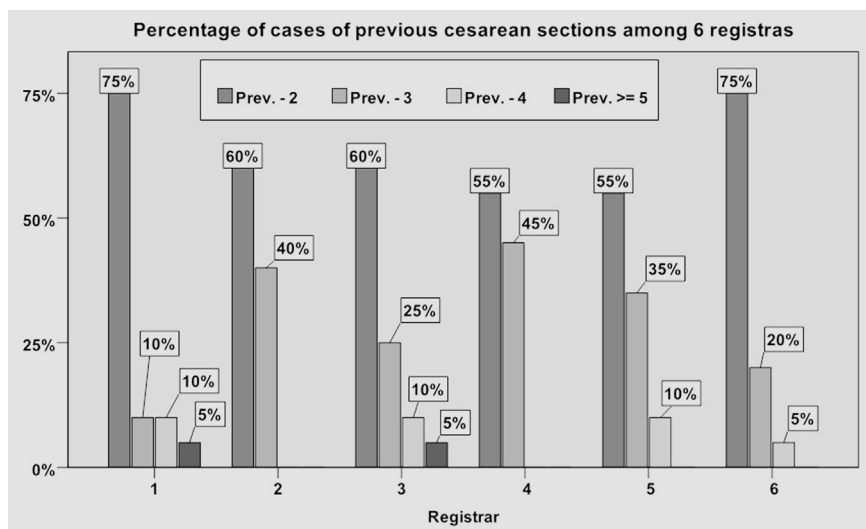


Figure 1: Percentage of cases of previous cesarean sections among six registrars.

Download English Version:

<https://daneshyari.com/en/article/3484576>

Download Persian Version:

<https://daneshyari.com/article/3484576>

[Daneshyari.com](https://daneshyari.com)