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Original Research

Assessment of Ultrasonographic findings of ovarian endometriosis

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ABSTRACT:

Background: In the last decade, several large studies have challenged the safety and appropriateness of a trial of labor after cesarean delivery. Cesarean section (CS) is an important and common surgical procedure that often saves the life of the mother and the baby. Its safety increased with the positive advances in surgical techniques as well as in patient care. Hence; the present study was conducted for assessing complications associated with Cesarean section. **Materials & methods:** A total of 200 C section cases were analysed. Complete demographic details of all the patients were obtained. Follow-up was done. Intraoperative and postoperative assessment of all the patients was done for assessing complications associated with Cesarean section. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software. **Conclusion:** From the above results, the authors advise close prenatal follow-up in current adolescent pregnancies, directing the patients to normal vaginal delivery as much as possible, and even encouraging a normal vaginal birth after a cesarean section will play a critical role in the prevention of unfavorable results.

Key words: Ultrasonographic, Ovarian

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INTRODUCTION

In the last decade, several large studies have challenged the safety and appropriateness of a trial of labor after cesarean delivery. According to these reports, there is an increased maternal and perinatal morbidity associated with a trial of labor after cesarean delivery compared with a planned repeat cesarean delivery. These studies had a major impact, as evidenced by a dramatic decline in the rate of vaginal birth after cesarean (VBAC) and concomitant increase in the rate of cesarean deliveries in the United States and elsewhere, a trend that exists also in Israel. Although, in the developed Western world, many women have only one or two children, there are many countries and communities in which larger families are common. Implementation of the aforementioned trend in such populations will obviously lead to an increase in the number of women having multiple cesarean deliveries.[1- 3]

Cesarean section (CS) is an important and common surgical procedure that often saves the life of the mother and the baby. Its safety increased with the positive advances in surgical techniques as well as in patient care. The CS procedure is important in terms of probable intraoperative and postoperative complications. These complications also increase in relation to the increasing number of CS. The best-known complications are placenta previa and placenta accreta, hysterectomy, and bladder and bowel injury.[4-6] Hence; the present study was conducted for assessing complications associated with Cesarean section.

MATERIALS & METHODS

The present study was conducted with the aim of assessing complications associated with Cesarean section. A total of 200 C section cases were analysed. Complete demographic details of all the patients were obtained. Follow-up was done. Intraoperative and postoperative assessment of all the patients was done for assessing complications associated with Cesarean section. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software. Chi-square test was used for evaluation of level of significance. p- value of less than 0.05 was taken as significant.

RESULTS

Out of 200 subjects, complications were seen in 14.5 percent of the patients. Infection, Postpartum hemorrhage, Blood clots, Surgical injury and Hypotension were seen in 6.5 percent, 5 percent, 2 percent, 0.5 percent and 0.5 percent of the patients respectively.

Table 1: Complications

Complications	Number of patients	Percentage of patients
Present	29	14.5
Absent	171	85.5

Table 2: Type of complication

Type of complication	Number of patients	Percentage of patients	p- value
Infection	13	6.5	0.12
Postpartum hemorrhage	10	5	
Blood clots	4	2	
Surgical injury	1	0.5	
Hypotension	1	0.5	

DISCUSSION

Cesarean delivery is regarded to be a low-risk procedure both by professionals and patients. The incidence of maternal intraoperative and postoperative complications varies in the literature, depending on definitions of morbidity. In most reports the complication rate of unplanned operations is higher than that of planned operations. Among other reports, rupture of the membranes and duration of labor have been identified as risk factors.[7- 10] Hence; the present study was conducted for assessing complications associated with Cesarean section.

Out of 200 subjects, complications were seen in 14.5 percent of the patients. Victoria Nisenblat et al assessed maternal complications after multiple cesarean deliveries. They compared maternal complications occurring in 277 women after three or more cesarean deliveries (multiple-cesarean group) with those occurring in 491 women after second cesarean delivery (second-cesarean group). Excessive blood loss (7.9% versus 3.3%; P < .005), difficult delivery of the neonate (5.1% versus 0.2%; P < .001), and dense adhesions (46.1% versus 25.6%; P < .001) were significantly more common in the multiple-cesarean group. Placenta accreta (1.4%) and hysterectomy (1.1%) were more common, but not significantly so, in the multiple-cesarean group. The proportion of women having any major complication was higher in the multiple-cesarean group, 8.7% versus 4.3% (P = .013), and increased with the delivery index number: 4.3%, 7.5%, and 12.5% for second, third, and fourth or more cesarean delivery, respectively (P for trend = .004). Multiple cesarean deliveries are associated with more difficult surgery and increased blood loss compared with a second planned cesarean delivery.[10]

Infection, Postpartum hemorrhage, Blood clots, Surgical injury and Hypotension were seen in 6.5 percent, 5 percent, 2 percent, 0.5 percent and 0.5 percent of the patients respectively. Renate M E Häger et al determined complication rates after cesarean delivery and to identify independent risk factors for complications. In a prospective population-based cohort study in Norway, rates of predefined types of complications from 2751 cesarean deliveries were determined. The complications that were studied were intraoperative complications, blood loss, wound infection, cystitis, endometritis, hematoma, and reoperation. Altogether, 21.4% of the women had > or =1 complications. The degree of cervical dilation, general anesthesia, low gestational age, and fetal macrosomia were independent risk factors. For operations that were performed at 9 to 10 cm cervical dilation, the complication rate was 32.6% versus 16.8% at 0 cm. Cesarean delivery was associated with a high complication rate. Increasing cervical dilation and, in particular, cervical dilation of 9 or 10 cm at the time of operation, general anesthesia, low gestational age, and fetal macrosomia were identified as independent risk factors.[11]

CONCLUSION

From the above results, the authors advise close prenatal follow-up in current adolescent pregnancies, directing the patients to normal vaginal delivery as much as possible, and even encouraging a normal vaginal birth after a cesarean section will play a critical role in the prevention of unfavorable results.

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