

FREQUENCY OF CAESAREAN SECTION FOR UTERINE SCAR**Kurbaniyazova Venera Enverovna**

Assistant, Department of Obstetrics and gynecology №1 Samarkand State Medical University

ABSTRACT

Childbirth is the final stage of pregnancy, and the condition of the mother and the newborn child depends on the correctness of their management, and therefore new high-tech research methods are being developed for more effective management of pregnancy and childbirth. In a situation where the frequency of abdominal delivery is high, it naturally becomes necessary to analyze the indications for this operation.

Keywords: *uterine scar, caesarean section, operative delivery, pregnancy complications, childbirth complications.*

PURPOSE

Assessment of the frequency of repeated caesarean section in women at the clinic of Samarkand Medical University No. 1.

MATERIAL AND METHODS

The study was conducted on the basis of the obstetric department of the clinic of the Samarkand State Medical University No. 1. A study was made of the frequency of operative delivery in the obstetric department of the 1st clinic of the Samarkand State Medical University for the period 2016-2018 retrospectively and 2018-2020 prospectively.

RESULTS

In the Samarkand region, as well as throughout the country, the general trend towards an increase in the frequency of caesarean sections remains. At the same time, it is noteworthy that in 1077 (76.6%) multiparous patients, the presence of a scar on the uterus was an indication for caesarean section. While in primiparas, a uterine scar served as an indication for surgery only in 17 (1.2%) women, including a scar after myomectomy and uterine perforation.

CONCLUSION

The presence of a scar on the uterus often serves as a reason for repeated surgical delivery, since there were direct indications for it in previous births. It is necessary to carry out the prevention of concomitant diseases to solve this problem.

RELEVANCE

According to world scientists [2,8,12], the frequency of CS is 18.1%, and the highest frequency (100%) was observed in pregnant women with an abnormal position of the fetus (including a history of CS), as well as during the first birth in breech presentation fetus (92.3%). This confirms the fact that the tactics of delivery in breech presentation also changed towards the CS (60-80%) [1,4,13]. There is a decrease in the frequency of delivery by CS with lower-middle laparotomy from 67.3% to 41.0% [9, 11, 14]. At the same time, an increase in the frequency of this operation with a laparotomy with a cross section was registered from 21.9% to 50%, which corresponds to modern trends.

Expansion of indications for CS is justified if it leads to a reduction in perinatal morbidity and mortality. It is known from the literature that CS surgery at a frequency of 8-10% of all births really leads to a decrease in

perinatal mortality, but there is a study that shows that an increase in the frequency of abdominal delivery above 15-17% increases the likelihood of postoperative complications with unchanged perinatal mortality. However, there is a diametrically opposite opinion. The analysis of the intranatal causes of the serious condition of full-term newborns revealed that the high (33.6%) frequency of abdominal delivery was not a factor that reduces perinatal morbidity [1,5,8]. The fact that it is impossible to solve the problem of high perinatal mortality by increasing the frequency of CS surgery is beyond doubt, since this indicator depends on many factors. The percentage of CS is steadily growing, which entails a number of new problems: on the one hand, this is an increase in the incidence of purulent-septic diseases and the search for effective measures for their prevention and treatment, on the other hand, the complexity of pregnancy and childbirth in the presence of a uterine scar (US) after CS [3,4,11].

Childbirth is the final stage of pregnancy, and the condition of the mother and the newborn child depends on the correctness of their management, and therefore new high-tech research methods are being developed for more effective management of pregnancy and childbirth. In a situation where the frequency of abdominal delivery is high, it naturally becomes necessary to analyze the indications for this operation. For many years, part of the generally accepted indications and those that require emergency intervention, as a rule, correspond to classical obstetrics, remains unchanged, but some appear again due to the introduction of new technologies into obstetric practice [2,6,12].

Purpose of the study – assessment of the frequency of repeated caesarean section in women at the clinic of Samarkand Medical University No. 1.

Materials and methods. The study was conducted on the basis of the obstetric department of the clinic of Samarkand Medical University No. 1.. An analysis was made of the frequency of caesarean section, the frequency of repeated operations in patients with a scar on the uterus, as the main indication for surgery; structure of intra- and postoperative complications.

The study included a retrospective analysis from 2016 to 2018, as well as a prospective study from 2018 to 2020. The prospective work is based on the analysis of the results of a comprehensive examination of 103 patients of reproductive age with one scar on the uterus, which were divided into 2 groups and 4 subgroups who underwent caesarean section in the maternity ward 1 the clinic of Samarkand Medical University No. 1. in the period from 2018-2020. Group I included 63 women with a clinically and morphologically "well-founded" scar on the uterus, which in turn were divided into 2 subgroups:

1A subgroup included 42 pregnant women who, after a complete clinical and laboratory examination and the consent of the patients, were delivered through the natural birth canal;

I The subgroup consisted of 22 pregnant women who, after a complete clinical and laboratory examination, refused to give birth through the natural birth canal.

Group II consisted of 37 patients who were admitted to the hospital on an emergency basis, were also divided into 2 subgroups: 2 A subgroup included 13 women admitted to the department in the second stage of labor and self-delivered through the natural birth canal; 2 The subgroup consisted of 24 women with clinical signs of uterine scar failure who underwent repeated CS.

The data obtained in the work were processed using the methods of system analysis generally accepted in biomedical research using the programs "Microsoft Excel", "Statistica 6.0" and SPSS 16.0 in accordance with modern requirements for the analysis of medical data.

Results: In the Samarkand region, as well as throughout the country, the general trend towards an increase in the frequency of caesarean sections remains. According to the data for the period from 2016 to 2018.

presented in Figure 1, it can be seen that the frequency of this operation increases from year to year. This undoubtedly leads to an increase in the number of women of reproductive age with a scar on the uterus. Some of these patients plan subsequent pregnancies in the future and make obstetricians think about the method of their delivery.

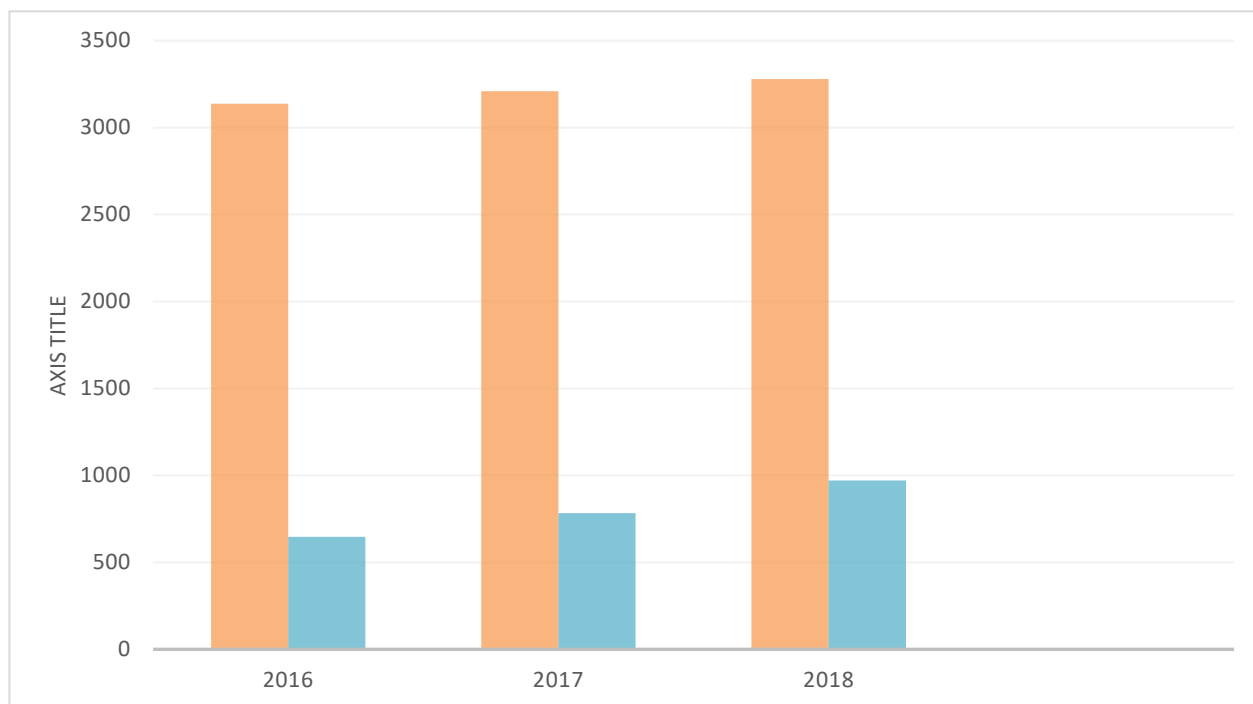


Figure1 - Frequency of delivery by caesarean section in the obstetric department.

We analyzed 2401 birth histories of women who gave birth operatively in the period from January 2016 to December 2018. All patients underwent a caesarean section in the lower uterine segment with a transverse incision. The mean age of the patients was 27 ± 0.7 years.

Most of the women studied were multiparous - 1407 (58.6%). At the same time, there is a significant proportion of primiparous patients - 994 (41.4%).

When analyzing the indications for caesarean section, it was noted that the presence of a scar on the uterus in combination with other factors was an indication for operative delivery in 630 (44.8%) pregnant women. Other indications for surgery were much less common. At the same time, it is noteworthy that in 1077 (76.6%) multiparous patients, the presence of a scar on the uterus was an indication for caesarean section. While in primiparas, a uterine scar served as an indication for surgery only in 17 (1.2%) women, including a scar after myomectomy and uterine perforation.

At the same time, it should be noted that during repeated operations, often, in 249 (17.7%) deliveries, signs of adhesive process of the abdominal cavity and small pelvic organs of varying severity are found, which requires separation of adhesions.

In our opinion, it should be taken into account that complications associated with the peculiarities of the operation technique, the suture material used, as well as the body of the pregnant woman, are possible during operative delivery.

Among the complications, bleeding that occurs intraoperatively and in the postoperative period deserves special attention. The frequency of this complication was 38 (1.6%) of all operations performed. It is also worth noting such a complication as uterine hypotension, which occurred in 382 (15.9%) women in labor.

This complication requires not only the introduction of uterotonic agents, but also additional measures to stop bleeding, which the surgeon must take in a timely manner during the operation. These include bilateral ligation of the uterine vessels, which was performed in 141 (5.9%) patients and the application of compression sutures in 110 (4.6%) patients. But, despite all the measures taken, in some cases they turn out to be ineffective. This is evidenced by a small proportion of organ-removing operations, such as amputation and extirpation of the uterus, the frequency of which is 10 (0.4%) when carrying out measures to stop bleeding. In obstetric practice, the most common situations that require the extension of surgery to hysterectomy are: postpartum hypotonic bleeding, uterine fibroids and true placental accreta.

The resulting bleeding requires not only the skill, colossal concentration and quick reaction of the surgeon, but also can not do without the help of a transfusiologist. In 36 (1.5%) women, operations were accompanied by blood transfusion and plasma transfusion. Perhaps this percentage would have been even higher if intraoperative blood reinfusion was not performed using the SellSaver apparatus in some patients 19 (0.8%).

Also, from the information shown in Figure 2, a significant proportion of patients with uterine fibroids who require myomectomy can be seen. When deciding on the method of delivery in patients with uterine myoma, the age of the pregnant woman, the nature and location of the nodes, the condition of the fetus and the obstetric and gynecological history of women should be taken into account. The presence of uterine fibroids in some cases is decisive in determining the method of delivery for this part of pregnant women. In addition, from the given data (Figure2) it should be noted a certain proportion of sterilizations performed.

Among the complications in the postoperative period, despite the improvement of the caesarean section technique, the improvement of the quality of the suture material and the ongoing antibiotic prophylaxis, the proportion of endometritis remains stable, which is 1834 (76.4%) after surgery and does not tend to decrease.

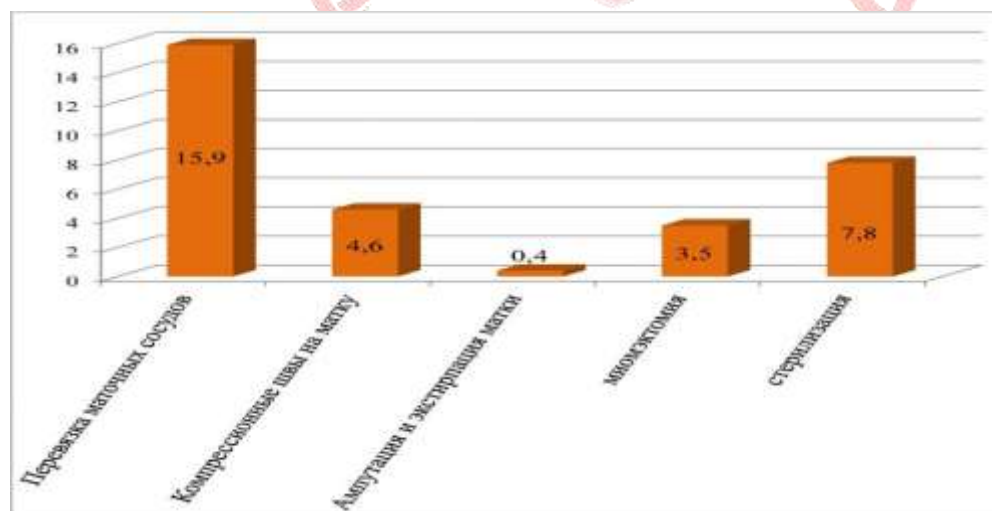


Figure2 - The frequency of operational benefits during caesarean section in the obstetric department

Summing up the analysis of the performed caesarean section operations, it is worth saying that this operation is costly in terms of the involvement of medical personnel, the use of suture material, the provision of anesthetic aids, the need for observation in the intensive care unit, and in some cases additional costly interventions to prevent serious complications. In addition, it is not indifferent to the patient's body, as it is associated with the

risk of intraoperative complications, complications of anesthetic manipulations, the formation of adhesions in the abdominal cavity and pelvic organs.

Such a high frequency of caesarean section is an incentive not only to improve the technique of the operation, but also to find ways to reduce the frequency of operative delivery. One such route is vaginal delivery in patients with a uterine scar. Such a serious flow of patients with a scar on the uterus makes obstetricians and gynecologists of all departments think about finding opportunities and conditions for such childbirth.

The patients of the studied prospective groups were comparable in age from 18 to 35 years, the average age was 24.5 ± 4.1 years. The analysis of the gynecological pathology of pregnant women with a uterine scar also did not reveal statistically significant differences between the groups.

If we consider the indications for operative delivery by groups, then in the main group of women, the most common indication was breech presentation of the fetus - in 25.3% of patients, which is significantly more than in comparison group 1, in second place - fetal hypoxia and premature detachment of normally located placenta - in 11.6%, which is 4.2 times more often than in comparison group 1 ($p = 0.007$), in the third - a clinically narrow pelvis - in 9.6% of women. Common reasons for surgery were weakness of labor activity - in 8.2% of patients and severe preeclampsia - in 8.9% of women, which is 6.4 times more often than in the 2nd subgroup ($p=0.006$). In subgroup 2, the most common cause of operative delivery was fetal hypoxia - in 14.6% of women, in second place were several reasons at once (9% each): clinically narrow pelvis, infertility (13 times more often than in the main group; $p= 0.0016$), transverse position of the fetus (6.5 times more often than in the main group, $p=0.005$), high myopia (13 times more often than in the main group, $p=0.0016$). The third place in terms of the frequency of causes (6.9%) was occupied by the weakness of labor activity.

CONCLUSIONS

According to our data, it was found that in 44.8% of pregnant women who underwent a caesarean section, a scar on the uterus appeared as the main indication for operative delivery or in combination with others (large fetus, anatomical narrowing of the pelvis). It was shown that in 76.6% of multiparous women who delivered by caesarean section, the main indication for reoperation was a scar on the uterus. This operation, according to studies, was accompanied by a number of complications, such as bleeding, endometritis, the development of adhesions of the pelvic organs and the formation of an inferior scar on the uterus.

REFERENCES

- [1] Курбаниязова В. Э. Ранняя реабилитация женщин, перенесших кесарево сечение, и оптимизация ведения последующих родов //Достижения науки и образования. – 2020. – №. 2 (56). – С. 106-109.
- [2] Курбаниязова В. Э., Худоярова Д. Р. РЕАЛИИ ВРЕМЕНИ. РЕАБИЛИТАЦИЯ ЖЕНЩИН С РУБЦОМ НА МАТКЕ //Вестник науки и образования. – 2020. – №. 23-1 (101). – С. 72-78.
- [3] Мартынов С. А., Адамян Л. В. Рубец на матке после кесарева сечения: терминологические аспекты //Гинекология. – 2020. – Т. 22. – №. 5. – С. 70-75.
- [4] Мудров В. А., Мочалова М. Н., Мудров А. А. Особенности родоразрешения беременных с рубцом на матке через естественные родовые пути на современном этапе //Журнал акушерства и женских болезней. – 2018. – Т. 67. – №. 1. – С. 26-37.
- [5] Ножничева О. Н., Семенов И. А., Беженарь В. Ф. Рубец на матке после операции кесарева сечения и оптимальный алгоритм диагностики его состояния //Лучевая диагностика и терапия. – 2019. – №. 2. – С. 85-90.

- [6] Синицына С. С. и др. Естественные роды у женщин с рубцом на матке //Мать и дитя в Кузбассе. – 2018. – №. 1. – С. 64-67.
- [7] Худоярова Д. Р., Шопулотова З. А. OPTIMIZATION OF MANAGEMENT OF PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 3.
- [8] Шевцова Е. П. и др. Комплексная подготовка беременных с рубцом на матке к вагинальным родам //Архив акушерства и гинекологии им. ВФ Снегирева. – 2019. – Т. 6. – №. 1. – С. 38-42.
- [9] Щукина Н. А., Благина Е. И., Барина И. В. Причины формирования и методы профилактики несостоятельного рубца на матке после кесарева сечения //Альманах клинической медицины. – 2015. – №. 37. – С. 85-92.
- [10] Jurkovic D. et al. First-trimester diagnosis and management of pregnancies implanted into the lower uterine segment Cesarean section scar //Ultrasound in Obstetrics and Gynecology: The Official Journal of the International Society of Ultrasound in Obstetrics and Gynecology. – 2003. – Т. 21. – №. 3. – С. 220-227.
- [11] Tanos V., Toney Z. A. Uterine scar rupture-Prediction, prevention, diagnosis, and management //Best Practice & Research Clinical Obstetrics & Gynaecology. – 2019. – Т. 59. – С. 115-131.
- [12] Rakhimovna K. D., Abdumuminovna S. Z. OVERCOMING POSTOPERATIVE PAIN SYNDROME AFTER GYNECOLOGICAL SURGERY //ResearchJet Journal of Analysis and Inventions. – 2022. – Т. 3. – №. 06. – С. 117-120.
- [13] Wang C. B. et al. Cesarean scar defect: correlation between Cesarean section number, defect size, clinical symptoms and uterine position //Ultrasound in Obstetrics and Gynecology. – 2009. – Т. 34. – №. 1. – С. 85-89.
- [14] Yang X. Y. et al. Uterine artery embolisation combined with local methotrexate for treatment of caesarean scar pregnancy //BJOG: An International Journal of Obstetrics & Gynaecology. – 2010. – Т. 117. – №. 8. – С. 990-996.

