

complications of caeseran section

إشراف الدكتور هـ:

د. سهى وتوت

إعداد الطلاب:

نور عبد المر تضى مخيلف
نور الهدى حسين على
نور حسين على
رباب عبد الله عويد
ميلاد ثائر كامل
خديجه يحيى
انسام سلام
تقى طالب
ايلاف عباس

Complications of Caesarean Section at AL-Hilla City Hospitals.

Abstract

Background: Cesarean section is one of the most frequently performed major abdominal surgeries and carries the risk of infection, including local wounds, pelvic, respiratory tract, and urinary tract infections, as well as lung emboli, venous thrombosis, and complications of anesthesia.

Objective: The study aimed to identify complications of cesarean section at AL-Hilla hospital teaching.

Methodology: A descriptive (cross-section) study design was conducted on (100) mothers with cesarean section in the maternal ward. (The data were collected by the investigator, fill the questionnaire forms by interview technique and fill it by the investigator). Questionnaire form was constructed for the purpose of the study. It consists of two parts which were dealing with the demographic characteristics of mothers and that cesarean section complications. Data were analyzed through descriptive and statistical approach (frequency and percentage) by Socioeconomic Package for Social Science approach Version 16.

Results: The finding of the study demonstrated the percentage of complication effect on mothers' health that (35%) from women have delayed healing wound after the operation.

Introduction:

Cesarean section (CS) is one of the most frequently performed major abdominal surgeries. Despite a lack of upsurge in obstetric emergencies, the rate of CS has increased in many parts of the world, reaching higher than 50% in some countries. (1-3) Most of these CS surgeries are performed without any medical indication and some are cesarean delivery on mother's request (CDMR). (4) The world incidence of CDMR is estimated to be 8–14% of all cesarean deliveries (5). In order to prevent the dangers of vaginal delivery, the idea of elective CS in full-term pregnancy attracted the media's attention about 20 years ago. (6) Since then, there have been serious discussions about performing CDMR in full-term pregnancies. (7) Although recent studies have shown that the risk of planned CS and planned vaginal delivery in the short term are low and similar, in subsequent pregnancies, the risk will be higher in a mother who has had a previous CS. (8,9 and 10) Like other surgical operations, CS carries the risk of infection, including local wounds, pelvic, respiratory tract, and urinary tract infections, as well as lung emboli, venous thrombosis, and complications of anesthesia. Thus morbidity and mortality rates are higher in CS compared to normal vaginal delivery (NVD) in both mother and child. (11) In addition, studies show that financial burden of repeated CS, including duration of hospitalization, drugs used, and their complications, are significantly greater as compared to NVD. (12) Other complications of CS are the increased risk of placental adherence and uterine rupture in subsequent pregnancies, intensive care admission, hysterectomy, problems with subsequent fertility, reduced fertility, ectopic pregnancy, miscarriage, and increased risk of fetal and neonatal mortality (13).

Methodology:

Descriptive study design was conducted on (100) mothers having multipara delivery, data collection started from 15th March 2022 to 15th April 2022 to achieve the objectives of the study. The study was carried out by AL-sadeq, Maternal and child, and Al-Hilla Teaching Hospitals. Non-probability (purposive) sample of (100) mothers multipara cesarean section. The questionnaire was designed and constructed by the investigator to measure the variable underlying the study. A questionnaire was consisted of two-part: (1) demographical information and medical history includes items such as (mothers' age, mothers' multipara cesarean deliveries, type of anesthesia, the period between each CS) and The second part comprised of structured the complication effects on the mothers health.

Results:

This chapter deals with results of the study. They are systematically organized and presented with respect to the study objectives. Table(4-1): Distribution of Study Sample General Information

No.	Variables			
	Mothers age group	*F.	**%	Total 100(100%)
1	Less than 20 years	12	12	
2	20-29 years old	45	45	
3	30-39 years old	36	36	
4	40 and above years old	7	7	
	Mothers' Multipara Cesarean Section	*F.	**%	Total 100(100%)
5	2-3 times of Caesarian Section	53	53	
6	4 and above times of Caesarian Section	47	47	
7	Types of anesthesia	*F.	*%	Total 100(100%)
	General anesthesia	90	0.9	
	Spinal anesthesia	10	0.1	
8	Period between each caesarian section	*F.	*%	Total 100(100%)
	Less than 6 months	15	1.5	
	More than 6 months	85	8.5	

*F.=Frequency, **%=Percent

This table shows that more than one third percent (45%) of mothers' age group (20-29 years old), and more than half percent of the study sample (53%) have (2-3) times cesarean section, general anesthesia was most common type of anesthesia (90) mother, while Period between each caesarian section less than 6 months = 1.5% and more than 6 months = 8.5%.

Table (4-2) Frequency and Percentage to Complications of Cesarean Section at AL-Hilla Medical teaching hospital for (n=100)

No.	Complication Effect on Mothers' Health	*F.	**%
1	Delayed healing wound after the operation	35	0.35
2	early bleeding after the operation (1 day-14 days)	3	0.03
3	late bleeding after the operation (15 day-40 days)	3	0.03
4	bladder punctured during operation	2	0.02
5	respiratory tract infection as a result of anesthesia	13	0.13
6	weakness of a bowel movement after delivery	20	0.2
7	obesity and bulge of the mother's abdomen	1	0.01
8	urinary tract infection	1	0.01
9	Clotting blood in lungs, and Legs.	1	0.01
10	Blood clots finally lead to death	6	0.06
11	Inflammation of the uterus lining	2	0.02
12	Laceration of the uterus wall	3	0.03

13	Placenta progressing in the next pregnant	5	0.05
14	Placenta permeation in the next pregnant	3	0.03
15	Hysterectomy related to Placenta Placenta permeation	1	0.01
16	Uterus explosion in the next deliveries	1	0.01
Total		100	1

*F.=Frequency, **%=Percent

This table (4-2) explains the percentage of complications of caesarian section at women. The most common complication was delayed healing wound after the operation (0.35%), weakness of a bowel movement after delivery (0.2%), respiratory tract infection as a result of anesthesia (0.2%) respectively.

Discussion:

According to (Table 1) shows that about half of the study samples are within group (20-29) years. Jalel, et al., (2016) (14). (2-3) times of caesarian section shows that about over half of women. This result is agreed with with Smaill and Grivell, (2014) (15)

Caesarean section sometimes may lead to, from complications and this complication different according to age group and times of do caesarean section and from this complication according to table (4_2).. delayed healing of wound after caesaren (0.35%), early bleeding (0.03%), late bleeding (0.03), bladder puncture during operation (0.03), respiratory infections (0.13), weakness of bowel movement (0.2), obesity (0.01), urinary tract infection (0.01) clotting blood in lung and leg (0.01), inflammation of the uterus (0.02), laceration of the uterus wall (0.03), placenta progression (0.05) placenta permeation (0.03), hestectomy (0.01), uterus expulsion (0.01)... this result being for about 100 women from different hospitals have different complications according to intrinsic and extrinsic factor from this factor number of pregnancy, smoking, maternal education, obesity, socioeconomic status, fetus condition and preparing for caesarean section.

Conclusions and Recommendation

Most of the study sample shave multipara caesarean section at age (20-29) normal vaginal delivery. Most of the general anesthesia and have period between CS more than 6 month, and most common complication of caesarian section that mother health was delayed healing wound after the operation

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