# CESAREAN SECTION: INSTRUCTIONS, DISADVANTAGES AND ADVANTAGES, COMPLICATIONS, RECOMMENDATIONS

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**Abstract.** Caesarean section (lat. sectio caesarea, sectio "cut" and caedo "I cut"), russian "кесарево сечение" is an artificial delivery operation in which the fetus and placenta are removed from the anterior abdominal wall and uterine body. Cesarean section is performed while the fetus is still alive, if the woman cannot give birth on her own (narrow or deformed pelvis, sharp scar changes of the vagina, transversal placenta). In case of profuse and acute bleeding, it is performed to save the life of the mother, even if there is a lifeless or non-viable fetus.

*Keywords: indications for cesarean section, advantages and disadvantages of cesarean section, complications and consequences of cesarean section.* 

### INDICATIONS FOR CESAREAN SECTION

Indications for caesarean section are absolute and relative. Indications in cases when there is no way without a surgery for certain reasons and natural childbirth is not even discussed are considered absolute. Relative indications may include some choice, including the mother's discretion.

The surgery can be planned and emergent.

PLANNED CESAREAN SECTION

A planned caesarean section (CS) is a surgery for which the indication is determined before delivery. The same category includes elective caesarean section. In planned CS, cutting is done horizontally. Indications include:

The size of the woman's groin and the size of the child do not match;

Transverse location of the placenta - the placenta is located above the cervix and blocks the exit path of the baby.

Mechanical obstacles that interfere with natural childbirth, for example, myoma in the uterine area;

Threat of uterine rupture (uterine scar from previous childbirth);

Diseases unrelated to pregnancy, in which natural childbirth threatens the health of the mother (cardiovascular system, nervous system, kidney diseases, oncological diseases, if there is a detachment of the internal retina in the anamnesis);

Pregnancy complications that threaten the mother's life during childbirth (severe gestosis - eclampsia);

Transverse or pelvic position of the fetus;

Multiple pregnancy;

Genital herpes at the end of pregnancy (the need to prevent the child from having contact with the genitals).

EMERGENCY CESAREAN SECTION

Emergency caesarean section is a surgical procedure performed when complications arise during natural childbirth. In emergency CS, the incision is usually vertical. Possible causes:

Weakness of childbirth or its complete cessation;

Early separation of the normally located placenta (oxygen supply to the fetus stops and life-threatening bleeding may begin);

If there is a risk of uterine rupture;

Acute hypoxia (lack of oxygen to the child).

CONTRAINDICATIONS

Death of the fetus in the womb;

Non-viable fetal malformations.

## ANESTHESIA IN CAESAREAN SECTION

Cesarean section is usually (in 95% of cases) performed under local anesthesia (epidural or spinal anesthesia or their combination). In this case, only the lower part of the body is anesthetized, after the child is removed, the mother can hold and breastfeed him immediately.

When an emergency caesarean section is necessary, general anesthesia is sometimes required.

## BEFORE THE SURGERY

Before the surgery, the pubic area is cleaned of hair and a catheter is installed to empty the bladder. An empty bladder does not put pressure on the uterus, and as a result, the uterus contracts better in the postpartum period. Also, the probability of its damage during the surgery is reduced. After anesthesia, the woman is placed on the surgical table and the upper part of the body is covered with a curtain.

The surgeon makes a horizontal cut on the front wall of the abdomen above the pubic area, and in emergency cases, a vertical cut is made from the navel to the pubic area to remove the child as soon as possible. If there is a scar left over from a previous pregnancy that ended with a cesarean section, the same area will be cut again. The surgeon then opens the muscles, pushes the bladder to the side, cuts the uterus and opens the fetal bladder. The doctor takes out the baby and cuts the umbilical cord, after which he removes the placenta with his hands. The uterine incision is sutured, the abdominal wall is repaired, and the skin is sutured. The surgery lasts a total of 20-40 minutes, the baby is removed from the mother's womb in about 10 minutes of the surgery.

If a drain is placed in the muscle tissue of the abdominal cavity, it is removed 2-3 days after the surgery, sutures after 5-6 days.

## AFTER THE SURGERY

During the day after the surgery, the woman's condition will be monitored around the clock. An ice pack is placed on the abdomen to help the contraction of the uterus and stop the bleeding, as well as drugs that relieve pain, help the contraction of the uterus and restore the function of the gastrointestinal tract are prescribed. Sometimes antibiotics may be prescribed.

Nowadays, if the bleeding does not continue, it is not necessary to give intravenous fluids, and it is even considered harmful, because excess fluid causes edema of the intestinal wall. When anesthesia is sufficient, maximum early activation (up to 4-6 hours after surgery), early start of fluid and food intake (Fast Track Recovery concept) have been proven to shorten postoperative rehabilitation time and reduce complications several times. It is especially important to put the baby to the breast early to stimulate the contraction of the uterus and the process of lactation.

The mother is recommended to buy a bandage for wearing after the operation in advance, it will greatly ease the problems that may arise in walking, lying down and getting up in the first days.

The diet consists mainly of liquids on the first day, and liquid foods (broth, porridge, etc.) are allowed on the second day. If everything goes according to plan, on the third day, the mother will switch to a full diet, which is usual for nursing mothers. Since many mothers complain of constipation after childbirth, if possible, solid food should not be eaten for a few more days. If a problem has arisen, suppositories are prescribed, and laxative products (yogurt, dried fruits, etc.) can be added to the diet.

It is recommended to return to sexual life after at least one and a half months. Contraception should not be forgotten. Experts recommend planning the next pregnancy after two years, which is not only related to the operation, but also to mothers who have given birth naturally. During this time, the mother regains her strength.

Despite the fact that there are some misconceptions, after the operation, the mother can later give birth naturally, but it is necessary to consult a doctor beforehand.

# ADVANTAGES AND DISADVANTAGES OF CAESAREAN SECTION

### **ADVANTAGES**

Relatively safe childbirth in women with a clinically narrow pelvis;

In cases where natural childbirth threatens the health / life of the mother or child, the damage of cesarean section is much lower than the damage of possible complications;

The vagina is not stretched, because of the episiotomy, stitches are not placed in the gap, so there are no problems with sexual life;

It is possible to avoid hemorrhoids and pelvic organ prolapse;

There is no possibility of deformation of the child's head while passing through the birth canal.

## DISADVANTAGES

The possibility of infection of the abdominal cavity of the mother;

In some cases, the probability of serious, including life-threatening complications is about 10 times higher than in natural childbirth;

In some cases, it is difficult to start the lactation process;

A uterine scar from a caesarean section requires a long break between the current and the next delivery (if planned), because the contraction of the muscle layer of the uterus is so strong in the labor of the next delivery that in some cases (according to statistics 1-2 percent) the scar cannot withstand and opens. This problem can be solved, for which the doctor should start therapy immediately after the cesarean section so that the incision of the uterus heals faster. That is, for the next pregnancy, it is necessary to take measures from the first hours of childbirth..

The possibility of stress associated with the development of psychoses in the mother due to the "incompleteness" of the physiological process of natural childbirth;

When the fetus is a girl, the mother's vaginal microflora does not pass to the child, such microflora reduces the likelihood of developing vulvovaginitis in girls;

Children born by caesarean section are more likely to develop asthma, type 2 diabetes (because type 1 is a congenital pathology), intestinal microflora is different. According to The Times of India, the results of research conducted by scientists on the example of mice showed that

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the protective function (immunity) of a child born by caesarean section decreases, because during birth there is no contact with intestinal bacteria in the mother's body.

COMPLICATIONS AND CONSEQUENCES OF CAESAREAN SECTION

One of the most common complications is adhesions. Intestinal loops or other organs of the abdominal cavity merge with each other. Treatment depends on the individual characteristics of the woman: it can be limited to simple physiotherapy procedures or surgical intervention.

Endometritis is an inflammatory process in the uterus. Antibiotics are prescribed immediately after the operation to prevent it.

Bleeding is also a complication of cesarean delivery and rarely requires hysterectomy.

Complications can also occur when the sutures are worn out, sometimes they open.

Complications after anesthesia. After the surgery, the pain-relieving catheter is left in the back for a while and pain-relieving drugs are injected through it. Therefore, after the operation, a woman may not feel one or both legs, and may not be able to walk for a while.

Sometimes, when transferring a woman to a couch, her legs may turn, the woman under the influence of painkillers does not notice this, and the leg remains in this position. Chronic positional pressure syndrome develops as a result of the foot being in an unnatural position for a long time. In other words, soft tissues are left without blood supply for a long time. After the pressure is removed, shock, severe swelling, impaired movement of the legs, and sometimes kidney failure can develop, all of which are accompanied by severe pain that can last for several months.

Therefore, ask the delivery staff to check that they have moved you to the couch correctly. Remember, such a simple mistake can lead to a tragic end. At the same time, anesthesia is always accompanied by headache and back pain.

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