

# COMPLICATIONS OF THE CAESAREAN OPERATION

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**Abstract:** The complications that occur during or after the cesarean operation are of different types, deriving from the pregnant woman's anatomical and physiopathological conditions and they can often be the consequences of the limit situations that have led the patient to the respective critical situation. Yet, there are cases in which the indication for surgery is given too easily, the risk of complications exceeding by far the benefit of a normal delivery.

**Rezumat:** Complicațiile care apar în cursul sau după operațiile cezariene sunt de mai multe tipuri, decurgând din condițiile anatomice și fiziopatologice ale femeii gravide și de multe ori, pot fi consecința situațiilor limită care au hotărât-o, stării critice în care se poate afla pacienta. Există însă și cazuri în care indicația operatorie este dată cu prea mare ușurință, riscul complicațiilor depășind cu mult beneficiul față de o naștere normală.

## ARTICLE OF BIBLIOGRAPHICAL SYNTHESIS

Once it arises, complications may include: immediate (intraoperative accident), early (first hours postoperatively), late (after the third day after surgery) and removal.

Etiopathogenic point of view, complications can include: infection, bleeding, thromboembolic.

Immediate complications (intraoperative accident) (Munteanu I.)

1. Hemorrhage is the most serious and often dramatic complication, because it may be lost a large amount of blood. The caesarean section is higher than normal birth, ranging from 274-3180 ml, 1300 ml on average. Headquarters and the source of bleeding can be different:
  - uterine portion after extracting the fetus;
  - segmental veins, which normally do not bleed after extracting the fetus;
  - offset surface of the placenta;
  - plexus injury or uterine side of the pedicles by extending the transverse incision excessive;
  - uterine atony (Gabbi S.G.).
2. Urinary tract lesions: bladder injury is usually encountered when opening the peritoneum, normal bladder being damaged bottom, ureter injury, very rare 1 / 1000 live births by cesarean delivery or ureter ligation.
3. Damage to the small intestine and colon
4. Amniotic embolism is difficult to diagnose, and appreciated as shock and coagulopathy. Unfortunately, in most cases, the diagnosis is made retrospectively with the help of the microscope.
5. Intraabdominal or intrauterine foreign body.

Immediate complications (early in the first hours after surgery) are most often the result of an accident or during surgery or continuation of a pathological process that has been operative indication. Some of the most common are:

1. Uterine bleeding may have several causes: lack of coagulation factors, uterine atony, marketing sutures.
2. Hemorrhagic Shock
3. Intestinal Atony irritation occurs as a result of the intraoperative blood peritoneum and / or amniotic fluid or simply because of abdominal and traction maneuvers on different organs.
4. Infectious complications are rare during the first hours and days, but when there are serious meanings.

Late complications: occurring after the 3rd day after surgery, are the most numerous and are of different magnitudes.

A. septic complications:

1. Acute endometritis (William W.) the most common complication, the incidence rate is 34-40% with a range of 5-85%, risk factors include prolonged labor, prolongation of the membranes, membranes that are ruptured, the number of vaginal examinations, the incidence is reduced with prophylactic surgery, infection is polymicrobial: aerobic streptococci, gram-positive cocci, anaerobes and gram-negative anaerobic bacilli.
  2. Severe septic complications: pelvic abscess, septic thrombophlebitis, sepsis had a lower incidence of 2% by using broad-spectrum antibiotics.
  3. Cellulite parameters of the spread of the infection in the uterus via lymphatic. It can turn into phlegmon, then boil.
  4. Uterine gangrene, results from infection with anaerobes.
  5. Suture uterine infection tranche.
  6. Abdominal wound infections: incidence of 2.5 to 16%, becomes apparent through simple wound infiltration; sero-purulent collections, serohematic collections, wound dehiscence, partial disembowel.
  7. Urinary tract infections, ranks second among C-section complications, with an incidence of 2-16%.
- B. thromboembolic complications (Duff P.) - Deep vein

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thrombosis occurs in 0.24% births and is 3-5 times more common after caesarean section. Early diagnosis and prompt treatment decrease the risk of pulmonary embolism from 4.5% and 0.7% death.

C. Hysterectomy after caesarean section: is an emergency procedure and occurs in less than 1% of caesareans, the indications include uterine atony (43%), placenta accreta (30%), and uterine rupture (13%).

### Removal complications

1. The risk of uterine rupture in subsequent tasks. Disposal uterine scar can be categorized: a) asymptomatic dehiscence is a failure is discovered by chance when a repeated cesarean or vaginal birth occurs or even after a palpation. b) uterine rupture is a catastrophic event with uterine scar failure and sudden expulsion of uterine contents into the abdominal cavity.

A scar in a transverse lower uterine segment has a risk of 0.2 - 2.3% of rupture. Risk associated with classical scar is 4.3 - 8.8% and 0.5 - 6.5% for low vertical scar.

2. Dysmenorrhea or other menstrual disorders (most frequently after Caesareans equipment).
3. Decreased fertility, on the one hand more often voluntary.
4. Increasing the percentage of premature births.
5. Abdominal adherence syndrome.

If we think above that all of the possible complications, sometimes very severe and, fortunately, very rare maternal death, which involved a young woman, usually healthy and would have to undergo a "physiological episode" apparently the clear indication for surgery must be well weighed.

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