

THE PLACE OF THE CAESAREAN SURGERY IN MODERN OBSTETRICS

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Abstract: The segment cesarean operation marks the modern age of the obstetrics as a range of traumatizing obstetric procedures are excluded while the materno-fetal mortality and morbidity are considerably diminished. If, at the beginning, the cesarean operation was rarely practiced because of the excessive mortality, it represents a frequent and progressively increasing intervention at present as it is considered the safest procedure able to save the mother and the infant when factors that complicate the birth occur.

Cuvinte cheie: cezariană, monitorizare fetală, distocie, mortalitate și morbiditate perinatală

Rezumat: Operația cezariană segmentară marchează epoca modernă a obstetricii, fiind excluse o serie de manevre obstetricale traumatizante diminuând considerabil mortalitatea și morbiditatea materno-fetală. Dacă la început cezariana era rareori practică din cauza mortalității excesive, ea constituie astăzi o intervenție frecventă și progresiv crescândă, fiind socotită cel mai sigur procedeu capabil să salveze mama și fătul atunci când intervin factori ce complică actul nașterii.

Compliance with equal maternal-fetal interests within the meaning of preserving the integrity of maternal and fetal netraumatizării modern obstetrics is imperative.

Cesarean birth of a fetus is viable through the abdominal wall incision (laparotomy) and incision of the uterine wall before (histerotomie).

It also describes when cesarean tubal about classical, but mostly laparoscopic, is extracted from the embryo at tubal ectopic pregnancy. Vaginal Cesarean about is history, it still can practice in particular situations, such as extracting a dead fetus embriotomie difficulties in extracting a fetus or very small. Little caesarean babies usually refers to the limit to age, viable, where the caesarean is necessary to save mother's life (I. Munteanu).

Cesarean surgery is the most important in obstetrics. It is still in 700 BC Rome, this procedure was used to extract the children of women who died in the near term. In 1610 the first caesarean section was performed on a living person. Classical caesarean section technique begins in 1881 when, independently of one another, Kehr and Sanger introduced the principle of suturing the uterine wound in several ways. After the discoveries of Pasteur and Lister reported first casuistry without maternal mortality.

The modern age is marked, however, C-section at the lower end recommended by Frank in 1908, the amendments made by Sellheim, Pfannenstiel and others, the extraperitoneal version. Lower segment transverse incision right Dörrfler's due, and the curve of Fuchs. In our first cesarean is published by V. Bejan in 1889, as stated Poidevin (Munteanu I.) "The history of caesarean section over the years show courage, drama, and deception, as a backdrop to peace today."

Caesarean section excluded the participation of traumatic obstetrical maneuvers as simfiziotomia or forceps at

the superior strait and other limited indications as forceps, internal version, great extraction, significantly reducing maternal-fetal mortality and morbidity. Also low with traumatic birth by their multiple sequels, can be evitate today. I preferred some additional cesarean children live healthy, lower than the index operator, fetal loss or injured children.

The incidence of Caesareans in the United States continued to grow in the last 70 years. Cesarean has become the most common surgical procedure in most hospitals.

Williams (quoted by Iffy) shows that caesarean section performed in 1930 at the right time was crucial, given that maternal mortality was 2% when the operation was performed during early labor, 10% when it was done in a advanced labor, 15% when it was performed after induction and 27% when a failed forceps application (Munteanu I.)

Rates of caesarean intervention has increased continuously over time so that, for example, Cycago Lying in Hospital there is an increase of five fold, from 0.6% in 1910 to 3% in 1928 (I. Antonescu). The U.S. noted a dramatic increase in Caesarean section index - from 4.5% in 1965 to 16.5% in 1980, reaching a peak of 24.7% in 1988.

The world in 1985, developed countries were the following percentages: USA -22.7%, Canada-19%, 10% England, Denmark, 13%, Italy-15, 8%, Sweden-12%, Norway-12, 5%, Japan-25%. In the U.S., the rate of caesarean intervention came in 1993 to 23.5%. In Romania, during 1980-1998, the rate of caesarean operations values ranged from 4.72% in 1998 and 12.39% in 1998 (O'Driscoll K)

There are several reasons contributing to the dramatic increase in births by caesarean. As morbidity and mortality related to surgery decreases, due to anesthetic techniques and operators, the number of caesarean sections increased in the following situations:

1). The wide use of electronic fetal monitoring led to

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extensive use of cesarean section in cases of fetal distress.

2). The increasing trend to postpone pregnancy affects women in ways of labor. There is a higher proportion of primiparous giving birth, first pregnancy is associated with complications, which increase the rate of caesarean operations, such as dystocia and eclampsia. The second way, the average age of pregnant women is higher than 20 years ago, the indication of caesarean section increased with advancing age.

3). There is a liberal tendency recommendation to the dystocic surgical indications, with a corresponding decrease in the rate of births by forceps.

4). It describes a steady and marked decline in the number of births for vaginal pelvic presentations.

As we increase the number of primiparous cesarean, a previous cesarean is an indication for its repetition. U.S. 33% of Caesareans is repeated interventions.

There is clear evidence that an increase in Caesareans lead to a decrease in mortality and morbidity perinatale. Although at first there was an initial decrease in perinatal mortality, perinatal mortality rate is higher in European countries with lower rates of intervention of this type. The main cause of morbidity and mortality continues to be low birth weight and congenital anomalies.

Caesarean section is a progress in obstetrics. No other surgical procedure affected so much the evolution of the surgical specialties. Complete birth by caesarean surgery, practiced elective, prophylactic or on emergency, surgery is of a great value, in the current security and technology can replace all obstetric interventions that are risky to the fetus or mother.

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