

CAESAREAN SECTION

(Clinical Study)

by

SICLETICA D'SOUZA,* M.S.

and

F. M. REBELLO,** M.D. (Bom.), D.G.O.

With the upgrading of the old Goa medical school into a full-fledged medical college and making free the medical facilities to all class of patients after liberation, the attendance to the hospitals, both in-door and out-door, has considerably increased. Also the number of deliveries is increasing due to additional facility of sterilization which was not allowed in the Government Hospitals, by the then Portuguese Government.

These hospitals receive emergency cases around the radius of 20 miles. Up-to-now no statistics have been published. This is an attempt in that direction.

Material and Methods

This study consists of 163 patients operation for caesarean section in Panjim and Ribandar Hospitals over a period of 2 years and 5 months i.e., from 1st August 1964 to 31st December 1966.

During this period there were 2741 deliveries.

*Lecturer.

**Senior Lecturer.

Obstetrics & Gynaecology, Goa Medical College.

Received for publication on 28-6-67.

Incidence

The incidence works out to 5.9%. The caesarean rate varies from institution to institution but on the whole there is a tendency for a slight increase in the rate year by year.

In a ten-year period at Queen Charlotte Hospital, London, the cesarean rate had increased from 3.1% to 4.4%.

The figure for Liverpool Hospital is 15% (1950) while that of John Hopkins Hospital is 5% (1946-1953). Krishna Menon from Madras reports an incidence of 2.1% (1954-1961) while the figures for N.W.M. Hospital, Bombay, range between 1.5% to 2.2%. The figure quoted by Ian Donald from Glasgow maternity Hospital is 7.3% for 1961. The incidence is slightly higher in these hospitals due to a number of emergency admissions from nearby villages conducted by general practitioners at home, who transfer these cases in the late stages.

Parity

Primigravidae comprise 34.2% while those between 2nd to 4th para show an incidence of 36.6%. Between 5th to 12th parae there were

45 cases, 27%. Proportionately the incidence in primigravidae is higher.

Age

The maximum number of patients (60.6%), fell in the age group of 21 to 30 years, while between 36 and 45 years there were only 12 cases.

Indications

Table I shows the incidence of indications.

TABLE I
Indications

Indication	No. of cases
(1) Cephalopelvic disproportion	
Major degree 26)	
Moderate degree 50)	78
Mild degree 2)	
(2) Previous C. S.	22
(3) Placenta praevia	20
(4) Malpresentation	16
(5) Uterine inertia	8
(6) Concealed accidental haemorrhage	4
(7) Rupture uterus	4
(8) Failed pitocin induction	4
(9) Cervical dystocia	2
(10) Bad O. H.	2
(11) Eclampsia	2
(12) Foetal distress	1

Cephalopelvic disproportion forms the largest group in all reported series of cases. In this series there were 48% of cases. We had 4 cases of ruptured uterus. All the cases came as emergencies to the hospital from outside. One of the cases was given intra-aortic transfusion. There were 3 cases of twin pregnancies, 1 primigravida and 2 multigravidae. In all these cases there was uterine inertia. It has an incidence of 11.9%

of twins who were subjected to caesarean section. There were 4 cases who were administered pitocin drip, 1 unit in 500 c.c. for uterine inertia.

Type of operation

Of the 163 cases, only in one case was classical caesarean section done. She was a multipara with shoulder presentation and was willing for ligation. Of the remaining cases 20 were sterilized, 6 were subjected to caesarean hysterectomy, (4 for rupture uterus and 2 for Couvelaire uterus in multiparae) and in the rest lower segment operation was done. Out of 156, lower segment operations, 3 required extension as inverted T for the delivery of the foetus. The motivation for family planning is low, hence the number, of ligations were few. Another difficulty is the absence of husband at the time of operation to give consent. This is mainly due to difficult transport problems. One case had associated ovarian cyst (pseudomucinous type) which was removed during caesarean section. The indication was hypotonic uterine inertia.

Complications

One patient developed thrombophlebitis of the lower limb (left) while 4 patients went into shock, as in many places in India it is difficult to get blood for transfusion. Also response of relatives to donate blood is poor. Sometimes the patient comes with severe anaemia, thus increasing the operative risk. All the patients recovered from the shock. Two patients had postoperative bleeding from abdominal wound for two days. One patient developed

vesico-vaginal fistula, which was repaired after six months. Incidentally this was a case of ruptured uterus where the tear had extended into the bladder—this was sutured and a continuous bladder drainage was maintained. In spite of this the patient developed a fistula.

Maternal mortality

Four patients expired in this series, two due to eclampsia. One had anuria following accidental haemorrhage. One case died of suspected pulmonary amniotic embolism. This patient developed cyanosis within ten minutes after operation. Patient collapsed and died. Even though the maternal mortality is high in this series, only one case could be attributed to caesarean section. Hence the corrected mortality in this series is 0.6%. In the Confidential Enquiry into maternal deaths in England and Wales, 1953 and 1960, the figures quoted were 2 per 1,000 as a result of caesarean section.

Foetal mortality

There were 10 still-births, (4 due to ruptured uterus, 2 in cases of eclampsia and 4 of accidental haemorrhage). There were three neonatal deaths. All the 3 babies were asphyxiated at the time of birth. Hence the total foetal loss was 7.9%, of which only three cases could be attributed to caesarean section i.e., 1.9%.

Summary and conclusions

(1) A review of caesarean sections during 2 years and 5 months in the Goa Medical College is presented.

(2) The incidence of caesarean section works out to be 5.9%.

(3) 34.2% were caesarean sections in primigravidae.

(4) The maximum number of patients fell in the age group of 21-30 years i.e., 60.6%.

(5) The commonest indication was cephalopelvic disproportion.

(6) Classical caesarean section was done only in one patient i.e. 0.6%. Caesarean hysterectomy was done in six patients i.e., 3.6%. All the remaining were lower segment operations i.e., 95.8%.

(7) Maternal mortality in this series was 0.6% while the foetal mortality was 1.9%.

Acknowledgement

Our sincere thanks to Dr. M. Balasubramaniam, M.D., Dean of Goa Medical College, for permitting us to publish this series.

References

1. Baxter, J.: J. Obst. & Gynec. Brit. Emp. 65: 87, 1958.
2. Cassidy, J. James: Obst. & Gynec. 26: 531, 1965.
3. Harris, J. W. and Brown, J. H.: Am. J. Obst. & Gynec. 13: 133, 1927.
4. Ian, Donald: Practical Obstetric Problems, ed. 3, London, 1964, Llyoid Luke Medical Books Ltd., p. 629.
5. Krishna, Menon, M. K.: J. Obst. & Gynec. Brit. Comm. 69: 18, 1962.
6. Lewis, T. L. T.: Progress in Clinical Obstetrics & Gynaecology, ed. 2, London, 1964, J. A. Churchill Ltd., p. 30.
7. Masani, K. M.: Textbook of Obstetrics & Gynaecology, Bombay 1964, Popular Prakashan.

- | | |
|--|--|
| 8. Montagne, C. F.: Obst. & Gynec. 14: 28, 1959. | Miller, N. F.: Obst. & Gynec. 29: 181, 1967. |
| 9. Myer, H. and Countiss, E. H.: Am. J. Obst. & Gynec. 77: 1240, 1959. | 12. Waters, E. G. and Hall, W. M.: Obst. & Gynec. 20: 585, 1962. |
| 10. Palerne Gaston, R.: Am. J. Obst. & Gynec. 94: 571, 1966. | 13. Ward, Simon V. and Smith, A. Horton: Obst. & Gynec. 26: 858, 1965. |
| 11. Stevens, C. S., Behney, C. A. and | |