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Session:

P202. Evaluation of The Efficacy of A New Surgical Method for The Prevention of Istmocele

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Context. One of the most common gynecological consequences of a cesarean section is a scar on the uterus with insufficient healing, known as an isthmocele. A wide variation in isthmocele has been reported in various studies, ranging from 19.4% to 88%. Based on the literature, the complications identified in women with isthmocele are steadily increasing.

Objective. To evaluate the efficacy of a new surgical method for the formation of the lower segment of the uterus for the prevention of isthmocele.

Materials and methods. A total of 42 women were examined, 22 of whom underwent a new surgical method to restore the lower segment of the uterus (group 1); the remaining 20 women were operated on using the traditional method (group 2). In the study, the condition of the scar was assessed using ultrasound to assess the scar in the early postoperative period on days 2,5,7 after operative delivery and in the remote period after cesarean section at 3 and 6 months.

Results. The main ultrasound criteria characteristic of patients with isthmocele on the uterus are deformation of the uterine cavity in the area of sutures, the presence of local retraction. Ultrasound scans of early and remote periods indicate the advantage of a new surgical technique for restoring the lower segment of the uterus over traditional continuous sutures. According to the ultrasound data in the patients of the 1st group, the following was revealed: scar length 1.5-2 cm, myometrium thickness in the scar area is on average 6.3 mm, the presence of an inflammatory process: in 2 (9.1%) patients the thinning of the scar to 2 mm in the form of an isthmocele and the formation of a penetrating defect in the scar were not found; In patients of the 2nd group: the length of the scar is 4-5 cm, the thickness of the myometrium in the area of the scar is on average 3.3 mm, the thinning of the scar to 2 mm in the form of an isthmocele is in 16 (80%), the presence of an inflammatory process is in 9 (45.4%) patients.

Conclusions. The above data confirm that the new method of restoring the lower segment of the uterus has enough advantages for widespread implementation in caesarean sections. The growth of operative childbirth with the subsequent development of isthmocele and its complications dictates that this method is considered key in the prevention of scar failure on the uterus after operative delivery.

