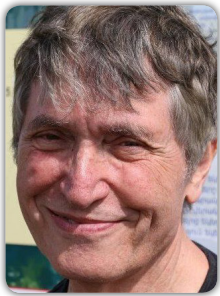


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An evidence-based cesarean section at the time of inflation in its use – the risk of its overuse and measures to be taken

Most abdominal operations are gradually replaced by endoscopy. The remaining open surgeries are done with several variations, of which many are based on traditions rather than on evidence. Cesarean Section will remain one of the only abdominal operations and the most frequent one. Therefore, it is of utmost importance to constantly evaluate the different steps for its necessity and for the best way of performance to suggest an optimal Cesarean Section for universal use and give example to other operations. The modified Joel-Cohen method results in a shorter incision to delivery time and lower rate of febrile morbidity when compared to the traditional Pfannenstiel incision. The uterus should be opened transversely after pushing the bladder down. Exteriorization of the uterus after the delivery makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only results in stronger scars and reduced pain, because the more stitching material left behind, more foreign body reaction might weaken the scar. Leaving both peritoneum layers open reduces adhesions and results in reduced need for painkillers and closure should be avoided in all other surgical disciplines as well, including endoscopy. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis. Since the introduction of this evidence-based simplified method, it has been evaluated by scores of peer-reviewed publications from different countries. Without exception, all showed various advantages of this method. However, due to the simplicity of the procedure, next to medico-legal reasons, financial aspects, lack of knowledge concerning the consequences and mothers' demand, the usage of unnecessary cesarean section has been unprecedentedly increased. The over use of cesarean section might negatively influence human evolution besides being the cause of early and late morbidity. The ways to ensure that cesarean section is used strictly when indicated must be found. NESAs anti-cesarean section campaign is one of them, but also information provided to the families by health care takers, including midwives should be used as a tool to make a conscious and responsible choice of the optimal mode of labor.

Biography

Michael Stark is specialized in Obstetrics and Gynecology. His main interest is Gynecological Oncology. He is the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical academy. He was the Scientific Advisor of the European novel Tele-surgical system, scientific and medical advisor of the ELSAN, a 120-hospital group in France, and is a Guest Scientist at Charite University Hospital in Berlin. In 2011, he was nominated as the Medico Del Anno (Doctor of the Year) in Italy, and is an Honorary Member of the French, Polish, Russian and Italian Gynecological Associations. In the years 1983-2000, he was the Director of Obstetrics and Gynecology Department of the Misgav Ladach Hospital in Jerusalem where he developed a new cesarean section technique which became widely used all over the world but at the same time realizing the risks associated with the overuse of cesarean sections, he initiated the NESA's anti-cesarean section campaign. Between 2001 and 2009, he held position of the Chairman of Gynecology at the HELIOS, European Hospital Group. He was a Visiting Professor at the University of Toronto, Moscow, Beijing, Milan, Adana, Uppsala and New York.

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