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**Early rehabilitation practice in the postoperative period after caesarean section at the Yaounde Gyneco-Obstetrics and Pediatric Hospital**

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**Introduction:** Early rehabilitation is a major concern for patients who undergone cesarian section. Aim: To study the practice of early rehabilitation after caesarean section at the Gyneco-Obstetrics and Pediatric Hospital of Yaoundé.

**Methodos:** This was a cross-sectional descriptive study with retrospective data collection, which took place from October 2020 to September 2021, in the maternity ward. Were included cesarean patients with an ASA score of 1 and 2. The data collected was analyzed using SPSS version 18.0 software. The Chi-square statistical test, the odds ratio with a 95% confidence interval was used with a significance threshold, set at 5%.

**Results and discussion:** We enrolled 322 cases of caesarean sections. Their mean age was 29.01 years  $\pm$  5.76. Spinal anesthesia was the most used technique. The combination tramadol-paracetamol was used for analgesia in all patients. The early rise was done in an average time of 15.64 hours, the removal of the intravenous lines in an average time of 49.57 hours, the removal of the bladder catheter in an average time of 16.71 hours and the length of hospitalization in average duration of 5 day. Factors associated with prolonged hospitalization were history of previous caesarean section ( $p=0.012$ ), and surgery performed by the gynecologist ( $p=0.015$ ); on the other hand, the type of anesthesia and a duration of intervention of more than 80 minutes were not associated with a longer hospital stay. Our results can be surprising on certain aspects, related to the retrospective collection of data but they show the effectiveness of postoperative rehabilitation in context of limited resources.

**Conclusion:** The practice of early rehabilitation is effective but there are still efforts to be done to reduce delays in postoperative period.

**Keywords:** early rehabilitation-caesarean section- YGOPH-Yaounde.

Table 1: postoperative follow-up

Variables	Effective (%)
• Pain killers	
• Intraveinuous:	
Paracetamol	322 (100)
Tramadol	322 (100)
Oral route delay	
• 48H	316 (96,1)
• 72H	6(1,9)
Early rise (hour)*	15,64 $\pm$ 2,59
Breastfeeding delay **	5,00(4,00-12,00)
Urinary catheter removal delay (hour)*	16,71 $\pm$ 3,93
Veinous catheter removal delay (hour)*	49,57 $\pm$ 6,53
Length of stay (day)*	5 $\pm$ 2,22
* Mean $\pm$ SD , **Median (quartile)	

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**Biography**

Metogo spouse Njoki is working as the chief of the critical care unit of the department of anaesthesiology and critical care of Douala General Hospital and also as a lecturer at the faculty of medicine and pharmacological sciences of Douala university of Cameroon. I am interested in the management of pain, locoreginal anaesthesia and life-threatening situations in critical care.

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