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Modifying the caesarean seven years on

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Introduction: Caesarean carries the legacy of an emperor. It is the procedure that more than any other complicated by bleeding and infection. Modifying the procedure in several areas came out of necessity to respond to new challenges that appear over last decades. Are we learning as fast as Midwifery changing, we should move to Modern Obstetrics, supporting ideas old and new ones, till we find those that work.

Principles: Minimise the need for assistance. Create a clean and dry procedure. Eliminate bleeding. Operate in a controlled and calmed environment. Try and achieve natural birth simulation. Involve parents. Eradicate risk of post natal infection

Methods: Retraction tapes. Large intrabdominal

packs. Stage stitch onto the middle of lower segment. Use of suction to drain amniotic fluid. Opening lower segment high and cutting slightly upwards laterally. Fetal pillow to disengage head. Kiwi cup for high or low head. Natural birth simulation and delay in delivery through tight incisions. Invite parental couple to observe, delivery straight to mother, delay cord clamp. Repair of lower segment in one of four appropriate ways, one applies additional compression. Cleaning scar with normal saline and vaginal toilet with antiseptic.

Conclusion: Caesarean still remains a ferocious procedure that can claim lives. Should we do not recognize the challenges from a changing world, the furies could become the Nemesis of our practise. Let's credit the future with success.

Biography

Christos Tsitlakidis has graduated from Hellenic Aristotle University School of Medicine. He is a consultant Obstetrician and Gynaecologist in Pinderfields Hospital, MidYorkshire NHS Trust, UK. He has published more than 6 papers in reputed journals in UK and abroad and has been member of the RCOG.

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