

https://dspace.org/

Midline versus Pfannenstiel incision scars in repeat caesarean sections

Haacke, Karl Olaf

2009-09-22T11:08:20Z
http://hdl.handle.net/10539/7312

Downloaded from a DSpace repository. https://dspace.org/

MIDLINE VERSUS PFANNENSTIEL INCISION SCARS IN REPEAT CAESAREAN SECTIONS

Karl Olaf Haacke

An Obstetric research report submitted to the University of the Witwatersrand, in fulfillment of the requirements for the Degree, Master in Medicine (Obstetrics and Gynaecology) M.Med (O+G)

Johannesburg 2008

MIDLINE VERSUS PFANNENSTIEL INCISION SCARS IN REPEAT CAESAREAN SECTIONS

Dr Karl Olaf Haacke
B.MedSci MBChB (Pret) FCOG(SA)
Consultant, Obstetrics and Gynaecology, Johannesburg Hospital
M.Med (O+G)
Student no 0009314N

Supervisor
Prof. E.J. Buchmann
MBBCh MSc(Med) FCOG(SA) PhD
Associate Professor, Principal Specialist and Head of Department
Chris Hani Baragwanath Hospital, Department Obstetrics and Gynaecology, University of the Witwatersrand.

An Obstetric research report submitted to the University of the Witwatersrand, in fulfillment of the requirements for the Degree, Master in Medicine (Obstetrics and Gynaecology) M.Med (O+G)

DECLARATION

I Dr Karl Olaf Haacke declare that this research report is my own work. It is being submitted as the Obstetric research report for the Masters in Medicine (Obstetrics and Gynaecology) at the University of the Witwatersrand. It has not been submitted before for any degree or examination at this or any other University.

……..

13 May 2008

All correspondence please to:

Dr K.O.Haacke
PO Box 24318
Rynfield
1501
Tel 0824677254
Fax 0119631393

DEDICATION

This work is dedicated to my wife Noeleen and sons Andrew and Richard who sacrificed a husband and father to allow me to further my studies and supported me through the hardships of being a registrar.

ABSTRACT

It is a commonly held belief that a repeat caesarean section through a low vertical scar provides easier access and fewer complications than an operation through a previous Pfannenstiel incision. To test this hypothesis the records of one hundred and twenty one repeat caesarean sections were retrospectively reviewed by the author. These records were reviewed at the two large teaching hospitals of the University of the Witwatersrand, Chris Hani Baragwanath and Johannesburg General Hospital.

Statistically significant findings were that older women were more likely to have had an initial midline incision. Incision to delivery times were faster via the midline (4 min) than the Pfannenstiel incision (5.5 min). Total operating times did not differ significantly. The findings do show that repeat midline incisions are faster (1.5 min) to deliver, but do not address the patient's need for a cosmetically pleasing wound scar.

ACKNOWLEDGEMENTS

My sincere thanks to Professor E.J. Buchmann for his assistance and guidance in formulating this research report. His leadership and clinical acumen has made him an undeniable role model for me as an Obstetrician.

TABLE OF CONTENTS

	Page
DECLARATION	iii
DEDICATION	iv
ABSTRACT	v
ACKNOWLEDGEMENTS	vi
TABLE OF CONTENTS	vii
LIST OF FIGURES	viii
LIST OF TABLES	ix
1 INTRODUCTION	
1.1 Types of Incision	1
1.2 Current guidelines and preferences	5
1.3 Complications associated with incision types	7
1.4 Intra-abdominal adhesions after caesarean section	10
1.5 Incision type and repeat caesarean section	12
2 MATERIALS AND METHODS	13
2.1 Problem statement and objectives	13
2.2 Method	14
2.3 Data analysis	16
2.4 Ethics	16
2.5 Funding	16
3 RESULTS	17
4 DISCUSSION	24
5 CONCLUSIONS	27
6 REFERENCES	28
APPENDIX 1 Data Capturing Sheet	32
APPENDIX 2 Ethics Approval	33

LIST OF FIGURES

Figure		Page
1.1	Pfannenstiel Incision	3
1.2	SUMI: Subumbilical Midline Incision	4

LIST OF TABLES

Table **Page**

3.1 Obstetric and demographic data of women undergoing repeat caesarean section comparing Subumbilical Midline to Pfannenstiel incision.

17

3.2 Intraoperative findings at the repeat caesarean section, comparing Subumbilical Midline to Pfannenstiel incision.

19

3.3 Indications for caesarean section compared to incision type.

21

3.4 Previous indication for caesarean section compared to incision type.

21

3.5 Frequency of severe adhesions in women with one previous caesarean section and in women with more than one previous caesarean section. 22