

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)**

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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.

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13 May 2008

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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.

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