

The risk of possible surgical complications in caesarean section

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Objective. The incidence of caesarean section (C/S) is growing every year worldwide, from 7% to 21% respectively in 1991 and 2022. At UHOG "Mbretresha Geraldine" the incidence is higher than in world, up to more than 40%. The most frequent indication of C/S is dystocia delivery, post C/S status and delivery arrest.

We present a review of contemporary literature regarding surgical risks during C/S and the risk evaluation for Albania.

Materials and Methods. Analysis of guidelines and contemporary studies regarding surgical risk of C/S and their medical and/or surgical management. We compare these studies with our local data.

Results. Risk of complications in C/S is respectively 6% in scheduled C/S and 15% emergency C/S. There is a higher rate,

almost 32% on C/S that is done with advanced dilatation (8-10 cm). Hysterectomy post-C/S due to uterine haemorrhage at UHOG is from 0.26% in 2012 to 0.12% in 2022. According to WHO, endometritis affects 12-15% of delivery with C/S, meanwhile at UHOG it affects 1.24%; surgical wound infection occurs in 4-12% of C/S, while at UHOG it affects 0.5%. Studies have shown that after birth with selective C/S there is less endometritis compared to those after a period of labour activity, especially prolonged over 12 hours. The incidence for bladder injury is from 0.001% up to 0.13%, compared to 0.07% at UHOG; 70% of urethral injuries are not diagnosed intraoperative.

Conclusions. C/S is a procedure with major surgical complications risks, due to this every patient should be evaluated carefully for intraoperative and postoperative risk.