CERCLAGE
Cerclage

It is a procedure wherein a suture (stitch or tape) is placed around the cervix (neck of the womb) in a pursestring manner to keep the mouth of the uterus (womb) closed and avoid miscarriage. The exact cause of premature labour or late miscarriages is not clear, but they may be caused by changes in the cervix such as shortening and opening. A cervical suture helps to keep the cervix closed.

Types

Cerclage may be done using a suture or a tape.

- Vaginal route – McDonald or Shirodkar
- Abdominal route – open or laparoscopy

Shirodkar or abdominal cerclage may be advised in women who have had previous failed McDonald cerclage.

Indications

Prophylactic cerclage is a planned elective procedure indicated in women with cervical length less than 25 mm who have one of the following:

- History of spontaneous preterm birth or midtrimester loss between 16 and 34 weeks of pregnancy
- Preterm prelabour rupture of membranes in a previous pregnancy
- History of cervical trauma

Rescue cerclage is performed as an emergency procedure in a woman between 16 and 28 weeks of pregnancy with a prematurely dilated cervix and
exposed, unruptured fetal membranes in the absence of infection, bleeding and uterine contractions.

**Timing**

- It is usually done after the 3rd month scan (NT scan) between 12 to 16 weeks of pregnancy.
- It can be done laparoscopically in the interval period between pregnancies.

**Hospital Stay**

It can be done under regional (epidural or spinal) or general anaesthesia. The hospital stay may be 12 to 24 hours for vaginal cerclage and up to 3 days following open abdominal cerclage.

**Complications**

**During Procedure**

- Bleeding
- Bladder injury
- Rupture of membranes and fluid leak

**Post Procedure**

- Risk of miscarriage/premature labour

**Post Cerclage Care**

Bleeding can be expected for a few days after the procedure. Physical strain and sexual intercourse must be avoided in the initial few days of recovery. Complete bed rest is not recommended. Routine antenatal care should be continued as advised.
Removal

For Vaginal Cerclage: The suture has to be removed at 37 weeks of pregnancy and vaginal delivery can be allowed.

For Abdominal Cerclage: Delivery is by planned Caesarean section at 38 weeks and the tape may be left in situ for future pregnancies. Removal of the tape may be advised in cases of premature labour, leaking/bleeding per vaginum or fetal demise which would require additional procedures under anaesthesia.