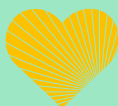


Cerclage



fernandez

Built for Birthing

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

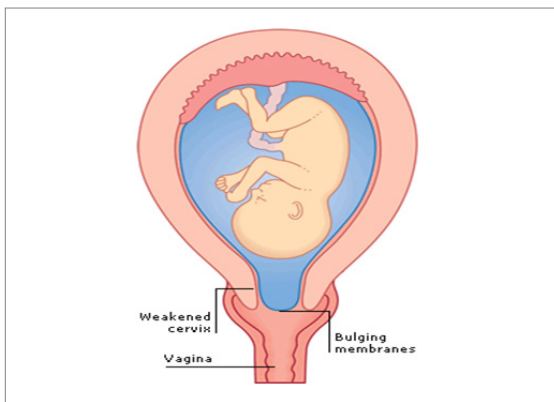
PROPHYLACTIC CERCLAGE

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

- History of spontaneous premature birth or midtrimester loss
- 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 26 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 and 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

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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

Birthing is done through a 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.

