PREOPERATIVE DIAGNOSES:,1. Postdates pregnancy.,2. Failure to progress.,3. Meconium stained amniotic fluid.,POSTOPERATIVE DIAGNOSES:,1. Postdates pregnancy.,2. Failure to progress.,3. Meconium stained amniotic fluid.,OPERATION:, Primary low-transverse C-section.,ANESTHESIA:, Epidural.,DESCRIPTION OF OPERATION: ,The patient was taken to the operating room and under epidural anesthesia, she was prepped and draped in the usual manner. Anesthesia was tested and found to be adequate. Incision was made, Pfannenstiel, approximately 1.5 fingerbreadths above the symphysis pubis and carried sharply through subcutaneous and fascial layers without difficulty; the fascia being incised laterally. Bleeders were bovied. Rectus muscles were separated from the overlying fascia with blunt and sharp dissection. Muscles were separated in the midline. Peritoneum was entered sharply and incision was carried out laterally in each direction. Bladder blade was placed and bladder flap developed with blunt and sharp dissection. A horizontal _____ incision was made in the lower uterine segment and carried laterally in each direction. Allis was placed in the incision, and an uncomplicated extraction of a 7 pound 4 ounce, Apgar 9 female was accomplished and given to the pediatric service in attendance. Infant was carefully suctioned after delivery of the head and body. Cord blood was collected. _____ and endometrial cavity was wiped free of membranes and clots. Lower segment incision was inspected. There were some extensive adhesions on the left side and a figure-of-eight suture of 1 chromic was placed on both lateral

cuff borders and the cuff was closed with two interlocking layers of 1 chromic. Bleeding near the left cuff required an additional suture of 1 chromic after which hemostasis was present. Cul-de-sac was suctioned free of blood and clots and irrigated. Fundus was delivered back into the abdominal cavity and lateral gutters were suctioned free of blood and clots and irrigated. Lower segment incision was again inspected and found to be hemostatic. The abdominal wall was then closed in layers, 2-0 chromic on the peritoneum, 0 Maxon on the fascia, 3-0 plain on the subcutaneous and staples on the skin. Hemostasis was present between all layers. The area was gently irrigated across the peritoneum and fascial layers. There were no intraoperative complications except blood loss. The patient was taken to the recovery room in satisfactory condition.