PREOPERATIVE DIAGNOSES:,1. Intrauterine pregnancy of 39 weeks.,2. Herpes simplex virus, positive by history.,3. Hepatitis C, positive by history with low elevation of transaminases.,4. Cephalopelvic disproportion.,5. Asynclitism.,6. Postpartum macrosomia.,POSTOPERATIVE DIAGNOSES:,1. Intrauterine pregnancy of 39 weeks.,2. Herpes simplex virus, positive by history.,3. Hepatitis C, positive by history with low elevation of transaminases.,4. Cephalopelvic disproportion.,5. Asynclitism.,6. Postpartum macrosomia.,7. Delivery of viable 9 lb female neonate.,PROCEDURE PERFORMED: , Primary low transverse cervical cesarean section.,COMPLICATIONS:, None.,ESTIMATED BLOOD LOSS: , About 600 cc.,Baby is doing well. The patient's uterus is intact, bladder is intact.,HISTORY: , The patient is an approximately 25-year-old Caucasian female with gravida-4, para-1-0-2-1. The patient's last menstrual period was in December of 2002 with a foreseeable due date on 09/16/03 confirmed by ultrasound.,The patient has a history of herpes simplex virus to which there is no active prodromal and no evidence of lesions. The patient has a history of IVDA and contracted hepatitis C with slightly elevated liver transaminases. The patient had been seen through our office for prenatal care. The patient is on Valtrex. The patient was found to be 3 cm about 40%, 0 to 9 engaged. Bag of waters was ruptured. She was on Pitocin. She was contracting appropriately for a couple of hours or so with appropriate _____. There was no cervical change noted. Most probably because there was a

sink vertex and that the head was too large to descend into the pelvis. The patient was advised of this and we recommended cesarean section. She agreed. We discussed the surgery, foreseeable risks and complications, alternative treatment, the procedure itself, and recovery in layman's terms. The patient's questions were answered. I personally made sure that she understood every aspect of the consent and that she was comfortable with the understanding of what would transpire.,PROCEDURE: ,The patient was then taken back to operative suite. She was given anesthetic and sterilely prepped and draped. Pfannenstiel incision was used. A second knife was used to carry the incision down to the anterior rectus fascia. Anterior rectus fascia was incised in the midline and carried bilaterally and the fascia was lifted off the underlying musculature. The rectus muscles were separated. The patient's peritoneum tented up towards the umbilicus and we entered the abdominal cavity. There was a very thin lower uterine segment. There seemed to be quite a large baby. The patient had a small nick in the uterus. Following the blunt end of the bladder knife going through the innermost layer of the myometrium and into the endometrial cavity, clear amniotic fluid was obtained. A blunt low transverse cervical incision was made. Following this, we placed a _____ on the very large fetal head. The head was delivered following which we were able to deliver a large baby girl, 9 lb, good at tone and cry. The patient then underwent removal of the placenta after the cord blood and ABG were taken. The patient's uterus was examined. There appeared to be no retained products. The

patient's uterine incision was reapproximated and sutured with #0 Vicryl in a running non-interlocking fashion, the second imbricating over the first. The patient's uterus was hemostatic. Bladder flap was reapproximated with #0 Vicryl. The patient then underwent an irrigation at every level of closure and the patient was quite hemostatic. We reapproximated the rectus musculature with care being taken not to incorporate any underlying structures. The patient had three interrupted sutures of this. The fascia was reapproximated with two stitches of #0 Vicryl going from each apex towards the midline. The Scarpa's fascia was reapproximated with #0 gut. There was noted no fascial defects and the skin was closed with #0 Vicryl.,Prior to closing the abdominal cavity, the uterus appeared to be intact and bladder appeared to have clear urine and appeared to be intact. The patient was hemostatic. All counts were correct and the patient tolerated the procedure well. We will see her back in recovery.