

PREOPERATIVE DIAGNOSIS: ,Pregnancy at 42 weeks, nonreassuring fetal testing, and failed induction.,POSTOPERATIVE DIAGNOSIS: , Pregnancy at 42 weeks, nonreassuring fetal testing, and failed induction.,PROCEDURE: , Primary low segment cesarean section. The patient was placed in the supine position under spinal anesthesia with a Foley catheter in place and she was prepped and draped in the usual manner. A low abdominal transverse skin incision was constructed and carried down through the subcutaneous tissue through the anterior rectus fascia. Bleeding points were snapped and coagulated along the way. The fascia was opened transversally and was dissected sharply and bluntly from the underlying rectus muscles. These were divided in the midline revealing the peritoneum, which was opened vertically. The uterus was in mid position. The bladder flap was incised elliptically and reflected caudad. A low transverse hysterotomy incision was then constructed and extended bluntly. Amniotomy revealed clear amniotic fluid. A live born vigorous male infant was then delivered from the right occiput transverse position. The infant breathed and cried spontaneously. The nares and pharynx were suctioned. The umbilical cord was clamped and divided and the infant was passed to the waiting neonatal team. Cord blood samples were obtained. The placenta was manually removed and the uterus was eventrated for closure. The edges of the uterine incision were grasped with Pennington clamps and closure was carried out in standard two-layer technique using 0 Vicryl suture with the second layer

imbricating the first. Hemostasis was completed with an additional figure-of-eight suture of 0 Vicryl. The cornual sac and gutters were irrigated. The uterus was returned to the abdominal cavity. The adnexa were inspected and were normal. The abdomen was then closed in layers. Fascia was closed with running 0 Vicryl sutures, subcutaneous tissue with running 3-0 plain Catgut, and skin with 3-0 Monocryl subcuticular suture and Steri-Strips. Blood loss was estimated at 700 mL. All counts were correct.,The patient tolerated the procedure well and left the operating room in excellent condition.