Cesarean Section

PREOPERATIVE DIAGNOSES: IUP at 38 weeks 4 days with nonreassuring fetal heart tracing
POSTOPERATIVE DIAGNOSES: IUP at 38 weeks 4 days with nonreassuring fetal heart tracing
PROCEDURE: Primary low transverse cesarean section via pfannensteil skin incision with double layer uterine closure
SURGEON:
ASSISTANT:
ANESTHESIA:
INTRAVENOUS FLUIDS:
ESTIMATED BLOOD LOSS:
URINE OUTPUT:
COMPLICATIONS:
SPECIMENS:
DISPOSITION: Stable to recovery room
INDICATIONS:

FINDINGS: No intraabdominal adhesions were noted. Female infant in cephalic presentation with loose nuchal cord x 2 and clear amniotic fluid. Birth weight 3495g. Apgars of 8 and 9. Intact placenta with a three-vessel cord. Grossly normal uterus, tubes and ovaries bilaterally.

DESCRIPTION OF PROCEDURE:
The patient was taken to the operating room where anesthesia was administered. She was then prepped and draped in the normal fashion in the dorsal supine position with a leftward tilt. A pfannensteil skin incision was made with the scalpel and carried through to the underlying layer of fascia. The fascia was then incised at the midline and this incision was extended laterally with the mayo scissors. Attention was turned to the superior aspect of the fascial incision which was grasped with the kocher clamps x 2, tented up and the rectus muscles were dissected off with the mayo scissors. In a similar fashion the inferior aspect of the fascial incision was grasped with the kocher clamps, tented up and the rectus muscles dissected off with the mayo scissors. The rectus muscles were then separated in the midline and the peritoneum was entered bluntly. The bladder blade was inserted and the vesicouterine peritoneum was identified, tented up and entered with the metzenbaum scissors. This incision was extended laterally and the bladder flap was created digitally. The bladder blade was reinserted.

A low transverse hysterotomy was made with the scalpel until the endometrial cavity was breached yielding clear amniotic fluid. This incision was extended bluntly and the infant's head was delivered atraumatically. The nose and mouth were bulb suctioned and the nuchal cord x 2 was easily reduced. The remainder of the body was delivered atraumatically. The cord was clamped x 2 and cut, and the infant was handed to the awaiting pediatricians.

The placenta was then manually extracted and the uterus was exteriorized and cleared of all clots and debris. The hysterotomy was repaired with a running suture of 1-0 chromic. A second imbricating layer of 1-0 chromic suture was then placed. Several figure-of-eight sutures of 1-0 chromic were added to achieve excellent hemostasis. The uterus and adnexa were then returned to the abdomen. The hysterotomy was reinspected and excellent hemostasis was noted. The fascia was reapproximated with 0 Vicryl in a simple running fashion. The subcutaneous layer was then reapproximated with interrupted sutures of 2-0 plain gut. The skin was then closed with 4-0 monocryl.

The patient tolerated the procedure well. Sponge, lap, needle, and instrument counts were correct x 2. The patient was transferred to the recovery room awake, alert and breathing independently in stable condition.

Dr. ____was present throughout the entire procedure.