



Uterine scar evaluation during the postpartum period: is there a place for a better technique for a cesarean section?

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Objective

To compare by ultrasound the uterine scar between cases with a technique that implicates an extra mucosal suturing of the uterus and cases with a full length suturing.

Methods

The study included cases where a cesarean section was performed for the first time; in a period from 2008 to 2018, cesarean section cases were routinely checked by ultrasound during the 6 weeks postpartum routine visit. The operator evaluated two elements in a sagittal view using the transvaginal approach: the thickness of the uterine scar and the presence of a defect (niche), measuring its surface in mm². The cases, for which the operation was performed by a technique using a running suture for the full thickness uterine scar, including the mucosa (group 1), were compared with cases operated by the same operator, employing the same technique, except that the suture was extra-mucosal full length (group 2). The shift from the running suture technique to the extra-mucosal was done in 2013 by the same operator.

Results

115 cases in group 1 were compared to 126 cases in group 2. There is no significant difference in age or BMI between the two groups. There is, however, a significant difference in the thickness of the scar and in the presence of a niche between the two techniques. The results for the two groups are described in table 1.

Conclusion

An extramucosal suturing of the uterus seems to give a more reassuring aspect at the postpartum ultrasound evaluation. This could be of significance for future pregnancies, aiming to decrease the risk of invasive placental problems.