

Laparoscopic Cystectomy in Pregnancy

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ABSTRACT

Introduction: Decades ago, laparoscopic surgery during pregnancy was felt to bear more complications than open surgery. As surgeons gained more experience and documented their outcomes, laparoscopy has become the preferred treatment modality for many surgical diseases in the gravid patient. Laparoscopic Cystectomy during pregnancy should aim to minimize fetal risk without compromising the safety of the mother. Thus, surgeons must be aware of differences in techniques used for pregnant patients to optimize outcomes. **Case Presentation:** Obstetricians often encounter large ovarian cysts in pregnancy. We describe the case of a G1P0 @ 14/52 POA with a 6 cm x 6 cm dermoid cyst which was successfully removed laparoscopically. Cystectomy was performed by usual manner; peeling the cyst with atraumatic grasping forceps. Hemostasis was ensured by the use of bipolar forceps. Following that, a plastic bag is used to facilitate the removal of cyst. Ideally, the bag is placed at the Pouch of Douglas. However, in pregnant uterus, the bag is placed lateral to the uterus in order to reduce manipulation of uterus. **Discussion and Conclusion:** In order to reduce complications such as intraamniotic CO₂ insufflation, decreased uterine blood flow and oxygen delivery, teratogenic effects of anaesthetic drugs, fetal acidosis due to CO₂ pneumoperitoneum, adverse effects of anaesthesia on maternal hemodynamic and acid-base balance. Therefore, the surgery should also be performed with shortest time possible.

KEY WORDS:

Cystectomy; Laparoscopic surgery; cyst in pregnancy

Maternal Obesity and Pregnancy Outcomes – A Cross-sectional Study from the Malaysian National Obstetrics Registry

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ABSTRACT

Objective: It has been reported that Malaysia is the most obese country in Asia. Maternal obesity is associated with adverse pregnancy outcomes and this study aims to see if obesity is associated with adverse pregnancy outcomes among Malaysians. **Method:** This is a 5 year (2010-2015) retrospective cross-sectional study based on data from the National Obstetrics Registry (NOR), which is a clinical database that compiles obstetric data from 13 tertiary hospitals and 1 hospital in the Federal Territory in Peninsular and East Malaysia. A total of 588,533 singleton vaginal deliveries from the participating hospitals were analysed. The subjects were divided into three groups, Normal BMI <24.9, Overweight=BMI 25.0-29.9 and Obese=BMI >30.0. Multiple logistic regression was used to test each outcome variable All probability values were two-sided, and a level of significance of less than 0.05 (p-value < 0.05) was considered as statistically significant. **Result:** 29.6% of mothers were overweight whilst 20.5% of mothers were obese. Highest prevalence of severe obesity was in Indian women at 23.2%. Compared to women with normal BMI and overweight women, the following outcomes were observed in obese women. Emergency Caesarean Section (OR 2.01; 95%CI: 1.97-2.04) p<0.001, Elective Caesarean section (OR 2.31; 95%CI: 2.25-2.38) p<0.001, Macrosomia (OR 4.70; 95%CI: 4.52-4.90) p<0.001 and Shoulder dystocia (OR 2.16; 95%CI: 1.86-2.51) p<0.001. **Conclusion:** To improve outcomes, measures must be taken to promote healthy weight prior to pregnancy.