

# Emergency caesarean section reviews

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## ABSTRACT

**Introduction:** Emergency caesarean sections should be reviewed by consultant other than the one making decision for learning and reviewing caesarean section indications. We had daily reviews of all emergency caesarean sections to look at the compliance with this. **Methods:** Daily reviews data was collected and analysed prospectively. **Results:** Only 30% of total caesarean sections were reviewed. Of the reviewed ones 32% were inappropriate, reasons being CTG was normal and inadequate use of Syntocinon. 50% of all the inappropriate caesarean sections were being done overnight with no consultant supervision. 50% of the inappropriate category 1 caesarean sections were instrumental delivery related. **Conclusions:** Current method of reviews was not working effectively. Revised the method of caesarean section reviews. Changed to a weekly multidisciplinary meeting with midwives, doctors and students led by a consultant. Personalised feedback given to the people involved in inappropriate caesarean sections, interesting CTGs picked up from this meeting and presented at weekly CTG meeting. Consultant rota changed and about to start overnight resident consultant on call for more supervision and teaching.

# Spontaneous bladder neck and urethral injury following normal vaginal delivery: A rare case report

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## ABSTRACT

**Introduction:** Spontaneous bladder rupture during labor and postpartum is extremely rare condition and represents a surgical emergency. The reported the rate of bladder or urethral injury is 10.3 per 1,000 women for spontaneous vaginal delivery (SVD) and 4.8 per 1,000 women with operative vaginal delivery (OVD), attributed due to the high frequency of simple periurethral laceration at vaginal delivery. We report a case of a spontaneous urinary bladder neck and urethral injury in a healthy female diagnosed immediately following a spontaneous vaginal delivery. **Case Description:** A 32-year-old female, 2nd gravida, known case gestational diabetes admitted for induction of labor at 39 weeks. She delivered via spontaneous vaginal delivery with 2nd degree tear. Soon after delivery, bulb of Foley catheter was visible in the vagina 2.5 cm above the urethral opening on anterior vaginal wall. Examination under anesthesia showed a 3 cm rent identified on anterior vaginal wall extending up to bladder neck. Cystourethroscopy showed a 4 cm rent extending from mid urethra to bladder neck at 6 o'clock. Bladder neck and urethra was reconstructed. Patient remained well postoperatively. Micturating cystourethrogram was done before catheter removal. **Discussion:** The anatomic proximity of lower urinary tract and reproductive tract predisposes them to iatrogenic injury. Few cases of spontaneous bladder rupture have been reported in the literature, those were with bladder distention during labor or postnatally patient went to retention leading to intraperitoneal rupture of bladder that was diagnosed later in puerperium, however we could not find a similar case to ours in literature.