

Preoperative abdominal sliding sign to predict intraoperative adhesions in women with two or more previous caesarean sections

Voon Hian Yan^{1,2}, Janice Teh¹, Liew Chee Kang¹

¹Department of Obstetrics and Gynaecology, Sarawak General Hospital, Kuching, ²Department of Obstetrics and Gynaecology, Universiti Malaysia Sarawak, Kuching

ABSTRACT

Introduction: This was a pilot study to determine the feasibility of preoperative ultrasound prediction of intraoperative adhesions in women with two or more previous caesarean sections. **Methods:** Women electively admitted for repeat caesarean section after 34 weeks of gestation were evaluated for the presence of sliding sign on abdominal ultrasound, visualised as an excursion between the uterus and the inner part of the abdominal muscle fascia during deep inspiration and expiration. The surgeon performing the caesarean section was blinded from the findings and requested to obtain intraoperative images. The presence or absence of adhesion was determined based on a standardised classification (Tulandi and Lyell 2012). **Results:** 31 consecutive women were enrolled in the study, with a mean BMI of 30 kg/m² (19.7-38.5). Two patients had three or more abdominal scars. The sliding sign was absent in 10/31 patients and the absence of sliding sign was significantly associated with the presence of intraoperative adhesions ($p=0.018$). 20% of patients with absent sliding sign required modification of the surgical incision; entering the uterus via the upper segment. **Conclusions:** The absence of preoperative sliding sign is associated with intraoperative adhesions in women with previous caesarean section. This knowledge may allow planning of cutaneous and uterine incision and allows the allocation of a clinician with the appropriate surgical experience.

PP-116

The usage of intravenous iron in correcting antenatal anaemia: A pilot study

Wang M, S D Parampalam

O&G Department, Penang General Hospital, Georgetown, Pulau Pinang, Malaysia

ABSTRACT

Introduction: Iron deficiency anaemia (IDA) which is the commonest aetiology of anaemia in pregnancy, is treated with iron or blood transfusion. Parenteral iron is given instead of blood transfusion. The specific objectives were to identify mothers who have IDA and implement parenteral iron and avoid blood transfusion, with an aim to increase the level of Hb, two weeks after completing treatment. **Methods:** We conducted a cross-sectional study; collecting data via checklists from 1st January to 31st March 2022. The samples included all antenatal mothers with IDA. We excluded women with anaemia due to other causes. Paired T-Test was used to compare the Hb level pre- and post-parenteral iron therapy. **Results:** A total of forty-one women were included for analysis. There was no blood transfusion among the IDA pregnant mothers because Hb was raised significantly from 8 to 11 g/dL after parenteral iron therapy ($p<0.05$).