

## CAESAREAN SECTION – INSTRUCTION, EMERGENCY

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### Abstract:

Caesarean section (lat. sectio caesarea, sectio — "cut" and caedo — "I cut"), Russian. cesarean section is an artificial delivery operation in which the fetus and placenta are removed from the anterior abdominal wall and uterine body. Cesarean section is performed while the fetus is still alive, if the woman cannot give birth on her own (narrow or deformed pelvis, sharp scar changes of the vagina, transversal placenta). In case of profuse and acute bleeding, it is performed to save the life of the mother, even if there is a lifeless or non-viable fetus.

Complete information about caesarean section

### OPERATIONAL HISTORY

According to the information preserved to this day, cesarean section is one of the oldest surgical procedures. In ancient Greek legends, Asclepius and Dionysus were recorded to have been extracted from the womb of a dead mother using this practice. In Rome, at the end of the 7th century BC, a law came into force that a deceased pregnant woman could be buried only after the child was removed from the womb. Later, this manipulation began to be carried out in other countries, but only in women sentenced to death. In the 16th century, Ambouraz Pare, the physician of the French king, began to perform cesarean sections on living women for the first time. But the practice always ended in death. The error of Pare and his followers was that the cut uterus could not be sutured, relying on its contractility. The operation was performed only in cases where the mother's life could not be saved to save the child.

It was only in the 19th century that it was recommended to remove the uterus during surgery, as a result of which the death rate decreased to 20-25%. Five years later, the uterus began to be sewn with a special three-layer suture. Thus began a new phase of cesarean section. Now surgery is performed not only on mothers who are on the verge of death, but also to save the life of both the mother and the fetus. By



the middle of the 20th century, with the beginning of the era of antibiotics, the results of surgery improved, and deaths

became rare. This has increased the number of cases in which caesarean sections are indicated for both mother and fetus.

The first reliable surgery on a living woman was performed in 1610 by I. Trautmann, a surgeon from Wittenberg. The child was taken out alive, and the mother died 4 weeks later (the cause was not related to the operation).

Indications for caesarean section are absolute and relative. Instructions that cannot be performed without an operation for certain reasons, and natural childbirth is not even discussed, are considered absolute. Relative directives may include some choice, including the mother's discretion.

The operation can be planned and emergency.

#### SCHEDULED C-section

A planned caesarean section (C-section) is an operation for which the indication is determined before delivery. The same category includes elective caesarean section.

In planned KK, cutting is done horizontally. Instructions:

The size of the woman's groin and the size of the child do not match;

Transverse position of the placenta - the placenta is located above the cervix and blocks the exit of the baby.

Mechanical obstacles that interfere with natural childbirth, for example, myoma in the uterine area;

Threat of uterine rupture (uterine scar from previous childbirth);

Diseases unrelated to pregnancy, in which natural childbirth threatens the health of the mother (cardiovascular system, nervous system, kidney diseases, oncological diseases, if there is a detachment of the internal retina in the anamnesis);

Pregnancy complications that threaten the mother's life during childbirth (severe gestosis - eclampsia);

Transverse or pelvic position of the fetus;

Multiple pregnancy;

Genital herpes at the end of pregnancy (the need to prevent the child from sexual contact).



## EMERGENCY C-section

Emergency caesarean section is a surgical procedure performed when complications arise during natural childbirth. In emergency KK, the incision is usually vertical.

Possible causes:

Weakness of childbirth or its complete cessation;

Early separation of the normally located placenta (oxygen supply to the fetus stops and life-threatening bleeding may begin);

If there is a risk of uterine rupture;

Acute hypoxia (lack of oxygen to the child).

## CONTRAINDICATIONS

Death of the fetus in the womb;

Non-viable fetal malformations.

## ANESTHESIA IN CAESAREAN SECTION

Cesarean section is usually (in 95% of cases) performed under local anesthesia (epidural or spinal anesthesia or their combination). In this case, only the lower part of the body is anesthetized, and after the child is removed, the mother can hold and breastfeed him immediately.

When emergency caesarean section is necessary, general anesthesia is sometimes required.

## References:

1. Merta Dj. General Practitioner Directory.
2. Magazanik N.A. The art of communicating with patients.
3. [www.ziyonet.uz](http://www.ziyonet.uz)
4. <https://mymedic.uz/>

