Michael Stark, J Pediatr Care, Volume 4
DOI: 10.21767/2471-805X-C2-007

Michael Stark

New European Surgical Academy, Germany

The evidence-based C-section and the risks involved in the exaggeration of its use

As most abdominal operations have endoscopic alternatives, caesarean section will remain the only abdominal operation in the future. Therefore it is of utmost importance to constantly evaluate the different steps for their necessity and for their optimal way of performance. The modified Joel-Cohen method results in a shorter incision to delivery time, lower rate of febrile morbidity compared to the traditional Pfannenstiel incision. Opening peritoneum using bi-digital stretching rather than sharp instruments proved to be safer, and exteriorization of the uterus makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only results in stronger scars and reduced pain. Leaving both peritoneum layers open reduces adhesions. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis and by a right-handed surgeon, from the right to the left, proved to be ergonomic. Since the introduction of this modified and simplified method, it has been evaluated in dozens of peer-reviewed publications from different countries. Without exception, all showed various advantages of this method: shorter operation time, shorter hospitalization, quicker mobiliza¬tion, less blood loss, lower rate of febrile morbidity, lower costs, and less need for painkillers. Only 10 instruments and three sutures are needed, which simplifies the workload of nurses. In order to standardize this operation, it is important to use constantly the same needles and instruments. Big needle is necessary for the uterus, as fewer steps are done and therefore less foreign body reaction. This operation is recommended as universal routine method for caesarean section and its principles should apply to all surgical disciplines. Unfortunately, the rate of cesarean section is rising constantly around the world. As evolution continues, it might be influenced by this high rate. In this presentation, the logic of the need to limit the numbers of cesarean section based on anthropological studies will be presented.

Biography

Michael Stark specializes in Obstetrics and Gynecology and his main interest is Gynecological Oncology. He initiated the VIEZION project which combines targeted che-motherapy, PIF and stem-cell therapy for improving post-surgical oncological treatment. He is currently the Scientific and Medical Advisor of ELSAN, a 120 hospital group in France and is a guest Scientist at the Charite's University Hospital in Berlin. Since 2004 he has been the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical organization with members in 54 countries and a formal cooperation agreement with FIGO concerning transmission of knowledge to countries with limited resources. In 2011, he was nominated as the Medico Del Anno (Doctor of the Year) in Italy, and is an Honorary Member of the French, Polish, Russian and Italian Gynecological Associations. In the years 1983-2000 he was the Medical Director and Head of Ob/Gyn Department of the Misgav Ladach General Hospital in Jerusalem, and between 2001 and 2009 the chairman of all Ob/Gyn Departments of the HELIOS Hospital Group in Europe. He was the Scientific Director of the European novel tele-surgical system. He was visiting Professor at the Universities of Toronto, Moscow, Beijing, Milan, Adana, Uppsala and the Weill-Cornell University Hospital in New York. He modified operations like the vaginal and abdominal hysterectomy and cesarean section and developed the concept of single-entry natural orifice surgery. He was involved in the development of the trans-oral thyroidectomy and transdouglas abdominal surgery.

mstark@nesacademy.org

Notes: