

April 12-13, 2018  
Amsterdam, NetherlandsMichael Stark, J Obes Eat Disord 2018, Volume: 4  
DOI: 10.21767/2471-8203-C1-007

## CAESAREAN SECTION IN EXTREMELY OBESE PARTURIENTS

**Michael Stark<sup>1, 2, 3</sup>**<sup>1</sup>New European Surgical Academy, Germany<sup>2</sup>Charité University Hospital, Germany<sup>3</sup>ELSAN Hospital Group, France

**O**besity is rising all over the world and is associated with increased risk of adverse pregnancy outcomes. Cesarean section is the most frequent operation worldwide. Once in a while, caesarean section has to be done on obese parturient and needless to say that obesity is associated with other maternal as well as fetal metabolic risks. There is a direct correlation between surgical steps and their influence on post-surgical pain. Therefore, every single step in each operation should be based on studies comparing different methods taking into account the outcome. Different surgeons perform operations with the same indication in different ways. The lack of standardization does not enable comparison and certainly not meta-analysis. This was the reason why we started to evaluate the outcome of single steps and their combinations on the post-operative pain as well as on the mobility and well-being of the parturient. Among our parturients were 19 women with BMI 38–41. The modified Joel-Cohen method proved not just to reduce febrile morbidity, but to have direct influence on post-operative pain. A direct correlation was found between the outcome of surgeries which used to suture the uterus with one or two layers, suturing peritoneum or leaving it open as well as the suture material and the size of the needles. Amazingly, it was shown that the higher the BMI, the less blood loss from the abdominal wall when using this technique and less stitches are needed to close the skin. There was no difference concerning febrile morbidity, mobility after the surgery or the use of analgesics compared to women with normal BMI. Without exception, scores of studies showed that following these steps the post-operative pain and the need for analgesics are significantly reduced.

### Biography

Michael Stark is specialized in Obstetrics and Gynecology. His main interest is Gynecological Oncology. He is currently the Scientific and Medical Advisor of ELSAN, a 120 hospital group in France and is a Guest Scientist at the Charité University Hospital in Berlin. He is the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical organization. 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. During 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. He was Visiting Professor in universities of Toronto, Moscow, Beijing, Milan, Adana, Uppsala and the Weill-Cornell University Hospital in New York.

[mstark@nesacademy.org](mailto:mstark@nesacademy.org)