

26th World Nutrition Congress

&

15th Euro Obesity and Endocrinology Congress

June 17-18, 2019 London, UK

Cesarean section in extremely obese parturients

Michael Stark

New European Surgical Academy, Germany

Obesity is associated with increased risk of adverse pregnancy outcomes. At the time where Cesarean section is the most frequent operation worldwide. Once in a while it is indicated for 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 considering 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 operations where the uterus was closed with one or two layers, closing peritoneum or leaving it open as well as the different suture material and the needles size. Amazingly it was shown that the higher the BMI, the less blood loss from the abdominal wall when using this technique and less stitches were 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.

mstark@nesacademy.org