

15. HEMORRHAGES ASSOCIATED WITH CESAREAN SECTION

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Introduction. Hemorrhage associated with cesarean section is the most serious complication that endangers the health and life of the patient. Hemorrhagic complications that occur during or after cesarean section are of several types, arising from the anatomical and pathophysiological conditions of the pregnant woman. In many cases the indication of cesarean section is given too easily, the risk of complications far exceeding the benefit from a natural birth. After the time of occurrence of hemorrhages can be: immediate (continuation of a process that was the indication of the operation and intraoperative accidents); early (in the first hours postoperatively); late (after the third day after the operation) and removed. Hemorrhages in cesarean section are higher than in normal childbirth, ranging from 275 to 3180 ml on average 1300 ml, in the norm blood loss should not exceed 1000 ml. The source and location of the hemorrhage may be different: the uterine cut, after the extraction of the fetus; segmental veins, which normally no longer bleed after the extraction of the fetus; the surface of take-off of the placenta; damage to the lateral uterine plexuses or even the pedicles by excessive prolongation of the transverse incision; uterine atony; openness of sutures; amniotic fluid embolism; state of shock and coagulopathy.

Aim of study. Analysis, highlighting of the causes and structure of hemorrhages associated with cesarean section.

Methods and materials. Our study included 2662 clinical cases finished by caesarean section in 2019-2020 from ISMP SCM "Gheorghe Paladi", Chisinau city, Republic of Moldova. Of these cases, 87 resulted in hemorrhages associated with caesarean section. In order to achieve the purpose and objectives of the study, we collected patient data according to the survey conducted and systematized them in the Microsoft Excel program.

Results. Of the total caesarean section, 3.27% (87 cases) resulted in hemorrhages associated with caesarean section. Out of 87 cases with hemorrhages associated with caesarean section, planic were performed in 16 cases (18.4%), the others were performed urgently constituting 71 cases (81.6%). 68.96% (60 cases) of hemorrhages associated with caesarean section were immediate as a preoperative indication. Of them 43.34% (26 cases) was as indication hemorrhage in Placenta Previa, 31.66% (19 cases) was as indication Detachment of the placenta normally inserted and 25% (15 cases) was as indication Scar insufficiency on the uterus. Out of 87 cases 26,44% (23 patients) had intraoperative hemorrhages such as uterine atony 73,91% (17 cases) and uterine myoma 26,09% (6 cases). Out of 87 cases, 4.60% (4 cases) resulted in late post-traumatic hemorrhages on the background of acute endometritis. According to the age of 87 patients, aged 18-20 years there are 5 patients (5,75%), age 20-29 years include 18 patients (20,69%), age 30-39 years comprising 40 patients (45,97%), age exceeding 40 years include 24 patients (27,59%). According to constitutional type, 21.84% (19 patients) were obese. According to the number of births: primiparous were 6 patients (6.9%), secundiparous were 48 patients (55.17%), multiparous were 33 patients (37.93%). According to pathologies during pregnancy 9.20% (8 patients) had gestational HTA and 8.04% (7 patients) had Preeclampsia. According to extragenital pathologies 3,45% (3 patients) have Diabetes. Complicated obstetrical anamnesis with caesarean section in 31.03% (27 cases). Out of 87 caesarean section operations, 19.54% (17 cases) resulted in radical hemostasis - hysterectomy and 33.33% (29 cases) needed hemotransfusions.

Conclusion. In our study, the following conclusions were found: The incidence of hemorrhages associated with cesarean section is 3.27%. According to the data obtained, the incidence of hemorrhages associated with cesarean section has a higher rate in emergency caesarean section compared to the planic one. The risk factors that may be involved in the occurrence of hemorrhages associated with cesarean section are: Age from 30-39 to more than 40 years, high-grade obesity, pathologies during pregnancy (gestational HTA, pre-eclampsia), uterine myoma, extragenital pathologies (Diabetes), complicated obstetrical anamnesis with scar on the uterus. The hemorrhages associated with caesarean section are dramatic and may result in a need for hemo transfusions and with radical hemostasis such as hysterectomy.