

Lower Segment Caesarean Section

An exclusive production by the Sarawak General Hospital O&G Department on how to perform the C-Section

A step by step guide on how to perform the

1. Review patient's identification, indication for caesarean section and consent
2. fill the OT checklist board correctly and prepare the antibiotics
3. Area cleaned and draped
4. Test to ensure the spinal analgesia is in effect
5. Identify and determine the incision site and size
6. Use the scalpel to make the skin incision
7. Abdomen opened in layers
8. Secure any bleeders to prevent hematoma
9. Open the peritoneum using two artery forceps
10. Separate and push the rectus abdominis muscle laterally for adequate exposure of the gravid uterus
11. Apply the douyen retractor
12. Identify the uterovesical fold and open this area using the non-tooth forceps and maxembun scissors
13. Push the urinary bladder inferiorly and maintain retraction using the douyen retractor
14. Incise the uterus using the blade initially until the whole thickness of the muscle
15. Rupture the amniotic membrane using the artery forceps
16. The incision can then be extended bilaterally by cutting the myometrium using the maxembun scissors
17. Do not tear the myometrium bluntly



18. Deliver the baby gently - fundal pressure may be employed to facilitate the delivery
19. Clear the baby's airway by suctioning
20. Carefully cut the umbilical cord and ensure no other structure is caught in between
21. The same procedure is then applied to deliver the second twin
22. Suction and remove blood from the operative field
23. Deliver the placenta by control cord traction
24. Start Iv pitocin 40 units in 500ml normal saline

25. Identify the incision site by applying the Armitage
26. Apply the armitage at the angle of the incision & bleeding areas
27. Explore the uterine cavity to remove any residual membrane and placenta tissue
28. Start closing the uterine incision at the angle
29. Make two bites at the angle
30. Suture the first layer of the uterus using the continuous interlocking technique
31. Apply the second suture and close the second layer using the continuous suture technique
32. Ensure not to incorporate the bladder and visceral layer
33. Exteriorize the uterus for better visualization while repairing
34. Remove any blood clots from the peritoneum
35. Inspect the fallopian tubes and ovaries
36. Ensure haemostasis is secured
37. Close the rectus sheath using the continuous suture technique
38. Close the abdomen in layers
39. The skin is closed using the subcuticular technique
40. Clean the operative site and apply dressing
41. Clean the perineum and remove residual blood clots from the vagina

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