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THE CASE STUDY AND MANAGEMENT ON ELECTIVE LOWER SEGMENT CAESAREAN SECTION WITH BILATERAL TUBAL LIGATION/ STERILIZATION

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ABSTRACT

Lower segment caesarean section (LSCS) is the most commonly preferred method were in a horizontal or transverse incision is made on the lower part of the abdomen to deliver the baby. It involves less blood loss and is easier to repair than other incisions employed for the purpose. The incision is low and show cosmetically more acceptable. Tubal ligation with cesarean delivery involves removal of segment of fallopian tubules, which is send for histologic conformation. A 29 years old female patient was consulted in Gynaecology department with a chief complaints of morning sickness since morning and her last menstrual period was 2 months ago since consulted. On Ultrasound scan of pregnancy, the impression was found that single live intra uterine fetus with gestational age of 6 weeks 4 days in cephalic presentation and this is considered as her first trimester of pregnancy. She was treated for the 1st, 2nd, 3rd trimesters and came for safe and institutional delivery, also treated with discharge medication.

KEYWORDS: Pregnancy, Delivery, Lower segment cesarean section (LSCS), Tubectomy, Gynaecology, Trimester.

INTRODUCTION

The first female sterlization was performed in North America by S.S.N. Lungren at the time of caesarean section in 1880. Sterlisation is the most commonly used method of family

planning in the world.[1-2] Female sterilization is generally performed during cesarean section in situations in which medical conditions of the mother poses danger in future pregnancies or in which fertility of the women is completed.[3] Patients who undergo tubal sterilization during cesarean have a higher ratio of regret and some patients even perceive that they are forced by their doctors.[4,5] It is recommended that sterilization is conducted 6-12 months following birth after development of the baby is guaranteed. Meanwhile, tubal sterilization during cesarean is cost effective.[6]

Pregnancy is a time of profound physiological change in women body. These unique changes challenging physicians managing disease state during pregnancy in the selection of medication best suited to treat their patients. Maternal drug use during pregnancy may pose a teratogenic risk to the fetus. However, the recommendation to avoid all drugs during pregnancy is unrealistic and may be dangerous.

Pregnancy should not deter clinicians from providing their patients with appropriate management of their medical condition. Drugs play an important role in protecting and restoring health. Hence prescribing during pregnancy is and unusual risk benefit situation.

Irrational use of drugs is a major global problem especially it is more important in pregnancy. In pregnant women such an unsafe practice may lead to determinantal effects on the fetus.

CASE REPORT

A 29 years old female patient was consulted in Gynaecology department with a chief complaints of morning sickness since morning and her last menstrual period was 2 months ago since consulted. On Ultrasound scan of pregnancy, the impression was found that single live intra uterine foetus with gestational age of 6 weeks 4 days in cephalic presentation and this is considered as her first trimester of pregnancy. In the 1st trimester she was prescribed with tab. Ferriflow-M 1mg BD 30, tab. Corcell 500mg OD 30, Tab. Paracetamol 500mg BD 10. And on 2nd trimester she was prescribed with tab. Ferriflow-M 1mg BD 30, tab Corcell 500mg OD 15, tab Calcimax 500mg OD 15. And on 3rd trimester she was Corcell-500mg OD 15, tab Calcimax-500mg OD 15, Syp Deksel Neo-5ml 12, Tab Novacef BD 14, Tab Citapen XR TID 20, Tab Omez 20mg BD 10. She was admitted in hospital for safe and institutional delivery, Elective Lower Segment Caesarean Section (LSCS) and B/L Tubectomy was done. On general examination, patient was conscious and coherent, Gravida, Afebrile, On physical examination, PR-80bpm, BP-120/80mm of Hg. On systemic examination, CVS-S1 S2 +, RR-

20CPM, RS-BAE +, SPO2-98%. The operation notes were found as Lower uterine segment formed, liquor was clear and adequate, bladder normal, delivered an alive term female baby, VS APGAR Score was found to be 7/1, 9/5, which means the baby is healthy with 3Kgs when born, placenta upper segment, uterus well retracted, haemostasis secured. Post-Operative medications were as follows I.V Fluids, Inj. Monocef 1gm TID, Inj. Metrogyl 400mg BD, Inj Rantac 50mg BD, Jonac Suppository 100mg .The treatment was advised at discharge as follows i.e.: Tab Amokav 625mg BD, Tab Rantac 50mg BD, Tab Voveron 50mg BD, Tab Zincovit OD.

DISCUSSION

Thus in the first trimester she was treated with Tab. feriflow M 1mg which is an iron supplement, Tab. corcell 500mg which is calcium supplement and Tab. paracetamol 500mg which is NSAID. In the second trimester she was treated with Tab. corcell 500mg and Tab. Calcimax 500mg which are calcium supplements along with Selenium, Zinc, Magnesium. In the third trimester she was treated with Tab. Corcel, Tab. Calcimax, Syp. Deksel Neo, Tab. Novacef, Tab. Citapen XR, Tab. Omez which are calcium supplements, along with Selenium, Zinc, Magnesium, and Vitamin D_3 Oral solution, Cefuroxime Axetil, Metformine HCL Prolonged Release tablet respectively.

CONCLUSION

This study concludes that rational usage of drugs in gynaecological department is essential for the safe and effective therapeutic outcomes. The patient has followed the rational drug use which lead her to the safe and institutional delivery without any complications.

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