- **Definition of CS:**
  - It is a surgery to deliver a baby through the mother's abdomen. It is done when a vaginal birth is not safe.
- **Indications of CS:**
  - **Fetal**: malpresentation (breech), abnormal lie, macrosomia (heavy baby), multiple gestation (twins), fetal distress or cord prolapse.
  - **Placental**: placenta previa.
  - **Maternal**: cervical cancer, genital herpes or severe pre-eclampsia.
  - **Abnormal labour (not progressing well).**
- **Why is it called cesarean section (history)?**
  - Gaius Julius Caesar certainly wasn't the first person born via C-section. The procedure, or something close to it, is mentioned in the history and legend of various civilizations -from Europe to the Far East- well before his birth. He wasn't even the first Roman born that way. By the time Caesar entered the world, Romans were already performing C-sections and Roman law reserved the operation for women who died in childbirth (so that the woman and her baby could be buried separately) and as a last resort for living mothers in order to save the baby's life during deliveries with complications.
- **In Salmanya Medical Complex, incidence of CS is increasing (5% in 1970; 30% in 2012!) → why?:**
  - Breech presentation (3%).
  - Difficult procedures are abandoned.
  - ↓ morbidity and mortality with CS (although it is still higher than vaginal delivery).
  - Increased repeated C-section (which can result in higher risk of uterine rupture, adhesions, bowel and bladder injury, placenta previa and placenta accreta).
- **What are the types of CS?**
  - **Lower Segment Cesarean Section (LSCS):** risk of uterine rupture is 1:200
  - **Classical CS:** risk of uterine rupture is 8%!
  - **Low-vertical CS.**
    Notes:
    - ✓ Upper segment of the uterus is thick and muscular while the lower segment of the uterus is fibrous and less muscular.
    - ✓ *Classical and low-vertical CS are done when:*
      - ❖ There is a transverse lie and the back of the fetus is posterior.
      - ❖ There are things occupying the lower uterine segment such as: fibroid, adhesions or fistula.
- **Other classifications of CS:**
  - **Primary or repeated.**
  - **Elective or emergency.**
- **What are the complications of CS:**
  - **Anesthesia-related:** aspiration syndrome, hypotension and spinal headache.
  - **Wound infection.**
  - **Endometritis.**
  - **Urinary tract and GI injuries.**
  - **Thromboembolism**: due to endothelial injury with CS, stasis and hypercoagulable state associated with pregnancy.
  - **Hemorrhage**: to control it after delivering the baby → oxytocin, ergometrine or misoprostol can be given.

- **Management of previous CS:**
  - **Previous classical or inverted CS (T-shaped)** → elective CS.
  - **Recurrent indication (e.g. a female with a very short-stature)** → CS.
  - **≥ 2 CS** → there is debate but usually CS
  - **Non-recurrent indication** → trial of vaginal delivery:
    - ✓ 60-80% success rate.
    - ✓ Risk of uterine rupture is present.