



# Gynecology

## Caesarean Section

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DEFINITION

# What is a Caesarean Section?

Surgical delivery of a baby through incisions in the **abdomen and uterus**.

## The Incision

Horizontal cut just below the bikini line

## When Used

When vaginal birth is risky or not possible

## UK Prevalence

**1 in 4** births are by caesarean

# Why Are Caesareans Performed?



## Foetal Position

Breech (feet first) or transverse presentation



## Placenta Praevia

Placenta covering the cervix, blocking delivery



## Complications

Pre-eclampsia, infections such as untreated HIV



## Labour Failure

Labour not progressing or signs of foetal distress

# Types & Urgency of Caesarean Sections

1

## Elective

Scheduled before labour begins, usually after **39 weeks**

2

## Category 1 Emergency

Immediate threat to life — delivery within **30 minutes**

3

## Category 2 Emergency

Maternal or foetal compromise — not immediately life-threatening

4

## Category 3 Emergency

Early delivery needed — no immediate threat to life

# What Happens During the Operation?

01

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## Anaesthesia

Spinal or epidural — awake but fully numb below the waist

03

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## Delivery

Baby lifted through incision — mother may feel tugging, no pain

02

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## Incision

10–20 cm cut made on lower abdomen and uterus

04

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## Completion

Operation lasts **40–50 minutes**; general anaesthesia only if urgent

# Risks & Complications

## **Blood Loss**

Haemorrhage and risk of infection at incision site

## **Blood Clots**

Deep vein thrombosis (DVT) and pulmonary embolism

## **Organ Injury**

Accidental damage to bladder or bowel

## **Anaesthetic**

Low blood pressure, headache, nausea

## **Future Risk**

Complications increase with multiple caesareans

 Caesarean carries a longer recovery period than vaginal birth — this is a major surgical operation.



RECOVERY

# Recovery After Caesarean Section

Recovery is gradual. Physical healing takes weeks, but emotional wellbeing matters too.

## Pain Relief

Painkillers provided; discomfort around incision is normal

## Emotional Support

Follow-up care and mental health support are essential

# Caesarean Section on Maternal Request

## ■ Patient-Led Choice

Some women choose caesarean without a medical indication

## ■ Counselling First

Risks, benefits, and anxiety around vaginal birth are discussed thoroughly

## ■ Offered if Needed

If vaginal birth remains unacceptable after support, planned caesarean is offered



# Hysterectomy



# What is a Hysterectomy?

## Definition

Surgical removal of the uterus; may include cervix, ovaries, and fallopian tubes

## Prevalence

~600,000 procedures annually in the US — the most common major gynaecological surgery worldwide

## Scope

Performed for both benign and malignant conditions across all age groups

# Types of Hysterectomy

Classified by the **scope of tissue removal**

**1**

## **Subtotal (Supracervical)**

Uterine body removed; cervix preserved

**2**

## **Total**

Uterus and cervix both removed

**3**

## **Panhysterectomy**

Total hysterectomy plus ovaries and fallopian tubes

**4**

## **Radical (Wertheim's)**

Includes upper vagina and lymph nodes — primarily for cancer

**5**

## **Ultra-Radical**

Extensive pelvic organ removal in advanced malignancy

# Indications for Hysterectomy



## Benign Conditions

- Uterine fibroids (30% of cases)
- Endometriosis & adenomyosis
- Uterine prolapse



## Malignant Conditions

- Cervical, uterine, ovarian cancers



## Obstetric Emergencies

- Uncontrollable postpartum haemorrhage
- Uterine rupture



## Other Indications

- Dysfunctional uterine bleeding
- Pelvic inflammatory disease
- Severe pelvic adhesions

# Surgical Approaches

1

## Abdominal (AH)

Traditional open surgery; longer recovery but best access for complex cases

1

## Laparoscopic (LH)

Minimally invasive, faster recovery; requires specialised surgical skills

2

## Vaginal (VH)

No abdominal incision; preferred for prolapse and smaller uteri

2

## Robotic-Assisted LH

Enhanced precision and 3D visualisation; similar recovery to standard LH

# Advantages & Disadvantages

| Approach     | Advantages                                       | Disadvantages                                   |
|--------------|--|---|
| Abdominal    | Best for large uteri or cancer; excellent access | Highest blood loss; longest hospital stay       |
| Vaginal      | Least invasive; fastest recovery                 | Limited by uterine size and adhesions           |
| Laparoscopic | Less pain; quicker return to activities          | Longer operating time; higher complication risk |
| Subtotal     | Quicker; reduced bladder injury risk             | Potential cervical stump complications          |

# Common Complications & Risks

**9-13%**

## Infection Rate

Varies by surgical approach

**1-2%**

## Urinary Tract Injury

Most common intraoperative complication

### **Blood Loss**

Highest in abdominal, lowest in vaginal hysterectomy

### **Venous Thromboembolism**

Rare but potentially life-threatening; prophylaxis essential

### **Menopausal Symptoms**

If ovaries removed: hot flashes, vaginal dryness, reduced libido

# Postoperative Care & Recovery

## → **Early Mobilisation**

Ambulation and deep breathing exercises to prevent DVT and respiratory complications

## → **Hospital Stay**

1 day (vaginal/laparoscopic) vs. 2–3 days (abdominal)

## → **Pain Management**

Multimodal analgesia critical for comfort and rehabilitation

## → **Long-term Follow-up**

Sexual function, hormonal balance, and psychological wellbeing