MORBIDITY AND CHRONIC PAIN OUTCOMES FOLLOWING CAESAREAN SECTION: A COMPARATIVE STUDY

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Objectives: Research examining long-term outcomes five and more year in women after childbirth performed with different techniques of Caesarean section has been limited and don't provide information on long-term morbidity such a chronic and neuropathic pain

Study design: The study compare two group of patients operated with the “Traditional Method” where is used Pfannenstiel incision and patients operated with “Misgav-Ladach” method five and more year after the operation. They was randomized and allocated in two groups each of 50 patients. Widely utilized and validated questionnaires was used to screen for neuropathic pain conditions such as the Leeds assessment of neuropathic symptoms and signs (LANSS) and was paired with results from the clinical exam.

Results: When chronic and neuropathic pain is detected the nerve cause of the chronic and neuropathic pain was the iliohypogastric in all the patients, only in one patients the nerve damaged was the ilioinguinal and iliohypogastric. In 16% of patients in the “Traditional Method” group suffer of neuropathic pain compare to patients in “Misgav-Ladach” group that suffer in 2 % of neuropathic pain. When we compare the results of chronic pain which comprises pain that persist more than 2 month we find also differences in the two groups of patients. In “Traditional Method” group 44% refer some element of chronic disturb that persist more than 2 month after CS, in „Misgav Ladach” group 12%. The VAS score also have also better results in „Misgav Ladach” group. There were more satisfied patients with the cosmetic apparence of the scar in „Misgav Ladach” group compare to “Traditional Method” group with statistically significant difference (p 0.009).

Discussion and Conclusions: Modern obstetrical care has progressed with the addition of pain medicine to management of labor, but application to gynecological pain receives less attention. Many women undergo Caesarean delivery without problems, however some experience significant pain after Caesarean section.

Persistent pelvic and/or abdominal pain after cesarean section often open diagnostic and treatment dilemma, because most gynecologist know very little about pain and most pain doctors know very little about the pelvis. Persistent pain after abdominal procedure as well as after cesarean section does not imply that anything was done incorrectly at the time of surgery. Surgery is injury and unfortunately as surgeons cut tissues they also cut the small nerves in the skin. In Caesarean section the surgeons try to avoid the important nerves, however, the ilioinguinal, iliohypogastric, and genitofemoral nerves which allow the feel sensations on the abdomen, run quite close to the edge of a caesarean section incision. Estimates of chronic pain following Caesarean or vaginal delivery range from 10–20% while gynecological procedures may be associated with a 5–32% risk. Chronic pain has a major impact on physical, emotional, and cognitive function, on social and family life, and on the ability to work and secure an income and is associated with negative short-term and long-term effects on the mother. Meaningful assessment of long-lasting pain is therefore a more demanding task than assessing acute pain.

The explanation of this difference in the results in our study is that the Joel-Cohen principle of abdomen opening used in „Misgav Ladach” differs from the “Traditional Method” where is used the Pfannenstiel incision in the necessity to keep the skin incision higher and the muscle separation further away from their insertion. The incision is also more distant from the anatomical courses of iliohypogastric and ilioinguinal nerve and with reduced risk to damaged because the subcutaneous tissue is less disrupted by dissection. By using this method, there is also less tension applied to separate the muscles, with reduced risk of damaging neurovascular structure.

Better results about the level of satisfaction in the apparence of the scar my be related to the better pain results in „Misgav Ladach” group. Is obvius that patients whodoes not notice or notice less abdominal pain does not take onto the appearance of the scar and cut and also respond on question positively about the overall there health.

In conclusion in our study we find better long term postoperative results five and more year after the Caesarean section in patients that was operated with „Misgav Ladach” compare to the “Traditional Method”. The results was statistically better on intensity of pain, presence of neurophatic and chronic pain and level of satisfaction about the scar.