

Extracts and Snippet from Pertinent Current Literature

Feasibility of Abdominoplasty with Caesarean Section

Thabet WN, Hossny AS, Sherif NA. Int J Womens Health 2012;4:115-21.

Removal of excess skin and fat is a popular plastic surgery procedure opted by many women to improve their physical appearance. It is commonly known as “tummy tuck”, but technically defined as “abdominoplasty” in which excess skin and fat is excised followed by repair of weakened fascia and muscles to create a firmer abdomen.

Repeated pregnancies play important role in leading to the weakness of the abdominal muscles, midline separation of the fascia, redundant skin and accumulation of fat. Other contributory factors are obesity and lack of exercise. Abdominoplasty is commonly performed in non-pregnant state, however, trends are changing in recent years and more pregnant women are requesting for it at the time of caesarean delivery to take advantage of the same setting for surgery.

Combination of two major surgical procedures in the same setting may be hazardous and not without

complications. In the current study outcome of abdominoplasty with caesarean delivery was compared with the women undergoing only the former operation in non-pregnant state. With the two procedures combined there was significantly higher incidence of wound infection (18% vs 5%; $p=0.002$), wound dehiscence (6% vs 2.5%; $p=0.049$), distal skin necrosis (12.5% vs 3.75%; $p=0.17$), more persistent bulging of the abdomen (32% vs 8.75%; $p=0.002$), bulging of the umbilicus (24% vs 5%; $p=0.002$) and recurrent abdominal skin redundancy (12% vs 3.75%; $p=0.017$).

The results do not support performance of abdominoplasty at the time of caesarean delivery. Nevertheless, randomized controlled trials are required to investigate the feasibility of the two procedures together.

Contributed by: Dr. Riffat Shaheen HOD, department of OBGY, Federal Govt. Polyclinic (PGMI), Islamabad.

Venous Thromboembolism in Pregnancy

Clderwood CJ, Thanon OI. Obstetrics, Gynaecology and Reproductive medicine 2013; vol 23(8):227-230.

One of the major causes of maternal mortality and morbidity in pregnancy is Venous Thromboembolism (VTE). Deep Vein thromboembolism constitutes 75-80 percent while the rest are pulmonary embolisms. The aim of this review article is to identify the women who are at risk of developing VTE in pregnancy, to provide them with thromboprophylaxis antenatally and postpartum and to treat it if it occurs during

pregnancy. During pregnancy the body undergoes many physiological as well as anatomical adaptations which result in a 6-10 fold increase in VTE. This risk onsets in the first trimester of pregnancy and continues till 4-6 weeks post partum. The assessment whether a woman is prone to having a thromboembolic event should be carried out at booking visit by taking a careful history, taking into ac-

count all the preexisting factors foremost obesity, all the obstetric factors as well as the transient ones like. The prevention of VTE in pregnancy comprises of two steps; the first is the thromboprophylaxis during pregnancy that consists of identifying the at risk mother and immediately putting her on low molecular weight heparin (LMWH) from early in the first trimester until 6 weeks post partum. The second is post partum prophylaxis that includes a course of LMWH 3-5 days postpartum or till the patient becomes fully mobile following a vaginal delivery and a 6 week course for a C-section depending on the risk

factors. Diagnosis of an acute case of VTE may be made clinically but a more accurate assessment is made through diagnostic imaging. The choice of treatment for VTE in pregnancy is LMWH as it is non-teratogenic. After delivery the patient can be put on warfarin or the treatment may be continued with LMWH. VTE remains a major hazard in pregnancy and needs careful management to save a mother's life.

Contributed by; Dr. Hira Syed. House Surgeon, Obs/Gyn unit-II, Holy Family Hospital, Rawalpindi.

Magnesium Sulphate shortage increases risk of Maternal and Foetal Mortality

Sehrish Wasif. The Express Tribune, Islamabad. Oct 3rd 2013.

Eclampsia has always been a nightmare for obstetricians. We all are aware of grave maternal and foetal morbidity and mortality associated with this obstetric emergency.

This article highlights the hurdles in effective and prompt management of this condition. Eclampsia is the 3rd most common cause of maternal mortality in the country and unless the doctors are well familiar with its management, maternal and foetal mortality can not be reduced to achieve the Millennium Development Goals (MDGs). Eclampsia accounts for 200,000 maternal deaths in Pakistan every year and 15 % of all premature births, yet its treatment is not a top priority of the government. This mortality can easily be curtailed with Magnesium Sulphate (MgSO₄) which is the most effective, safe and low cost treatment available for pre-eclampsia/Eclampsia. However, there is paucity in use of this drug at every level. Firstly, all doctors are not aware of this drug. Secondly, there is non-

availability of drug in majority of the healthcare centres. Although it has been in the list of essential medicines since 1996 but in Pakistan it is yet not fully adopted especially in Balochistan and KPK. Use of MgSO₄ for eclampsia is mentioned in the treatment guidelines of National Policy document but after the devolution of Health Ministry under the 18th amendment, there are no provincial guidelines for the use of this drug at the various levels of healthcare in any of the provinces. Moreover, only one pharmaceutical company is manufacturing this drug as its demand is limited. Firms which want to produce this drug, have been waiting since long to get registered with the ministry of Health Services, Regulations and Authority. Lastly, manufacturer also wants to raise its price to an extent which can cover its production cost. The health ministry has to pay heed to this crucial situation.

Contributed By: Dr. Shazia Syed. Assistant Prof. Dept. of Obs/Gyn, Rawalpindi Medical College, Rawalpindi.

Dr. Robert Neuwirth,80, A Prominent Gynaecologist and Inventor

William Yardley. Int'l New York Times. 31.12.2013, p-2.

Dr. Robert Neuwirth,, a prominent gynaecologist who developed minimally invasive techniques that helped many women avoid hysterectomies, died on Dec. 17 in New York at the age of 80. The cause was complication from a stroke, said his son, Michael.

He was chairman of the department of Obstetrics and Gynaecology at St. Luke's Roosevelt Hospital Center in Manhattan as well as a professor at Columbia College of physicians and surgeons. He spent decades in inventing, refining and revising his own techniques with the goal of finding simpler, more efficient ways to reduce painful and excessive menstrual bleeding. One of the earliest methods he developed was to remove fibroids to reduce excessive bleeding rather than doing hysterectomy.

In the late 1960s, Dr. Neuwirth developed an alternative method that used a camera and tiny instruments, inserted through the vagina, to remove fibroids individually, leaving the uterus in place. The recovery period following the procedure, called an operative Hysteroscopy, was much quicker, and many women were able to become pregnant afterwards. By the 1980s, operative hysteroscopies were becoming common, and hundreds of thousands are now being performed in the United State each year,

many by doctors first taught by Dr. Neuwirth. His innovations often involved what is known as Endometrial Ablation, in which the tissue lining the uterus is deliberately reduced or destroyed to reduce heavy bleeding, etc.

He was the only child of Phyllis and Abraham, a physician. He received a bachelor's degree in chemistry from Yale in 1955 and a medical degree from Yale in 1958; he completed his residency at Columbia Presbyterian Medical Centre in 1962. He was a brilliant physician-scientist, pushing forward new knowledge, but he was also a brilliant physician educator. Dr. Neuwirth often did follow up studies to test the long term consequences and safety of his techniques. He studied menstrual function in women who had hyteroscopic surgery and he tested whether ablation techniques could mask cancer. He found that they did not.

Dr. Neuwirth was a modest man who was not inclined to professional networking or self-promotion. He did not sell his ideas. People saw it was good and they picked it up.

Contributed by; Dr. Shazia Syed. Assistant Prof. Obs/Gyn, Rawalpindi Medical College, Rawalpindi