Rectus Muscle Closure at Cesarean Is Associated With Fewer Adhesions

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Methods used during closing after a cesarean section affect intra-abdominal adhesions, according to a new study published in American Journal of Obstetrics & Gynecology.

Dr. Deirdre J. Lyell, associate professor of obstetrics and gynecology - maternal fetal medicine at Stanford School of Medicine, Stanford University, Stanford, California, and colleagues performed a secondary analysis of a prospective cohort study of women (N=173) who underwent first repeat cesarean delivery. Lyell et al. used records to assess previous surgical techniques. Severity and location of adhesions, which were noted by surgeons immediately following the surgery, were used in the analysis.

In comparison with visceral peritoneum, Lyell and colleagues found that rectus muscle closure was associated with fewer combined filmy and dense adhesions. Specifically, they found such in 27.5% of cases with rectus muscle closure as compared to 46% in visceral peritoneum. Moreover, rectus muscle closure was associated with fewer dense adhesions overall in comparison with visceral peritoneum (17.5% and 46%, respectively). Meanwhile, increased dense fascia-to-omentum adhesions were associated with visceral peritoneum closure.

Based on these findings, rectus muscle closure appeared to have greater benefits than visceral peritoneum closure, the authors concluded. “Closure of the rectus muscles at cesarean delivery may reduce adhesions, and visceral peritoneum closure may increase them,” Lyell and colleagues explained. They added, “Surgical techniques at cesarean delivery should be assessed independently, because they may have opposite effects on adhesion formation.”

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