

Does closure of the peritoneum during caesarean section influence postoperative morbidity and subsequent bladder adhesion formation?

McNally OM, Curtain AC.

Journal of Obstetrics and Gynecology 1997;17:239-41.

There were numerous reports indicating that closure of the peritoneum over the uterus at lower segment caesarean section is not necessary, may contribute to adhesion formation, and delay wound healing. Despite this, many obstetricians continue to close the peritoneum.

McNally et al report the incidence of adhesion and benefit of closure and nonclosure of the peritoneum during caesarean section. Based on reviewing charts of 50 patients both the parietal and visceral peritoneum had been closed during the first and second caesarean sections and 50 patients, peritoneum had been left open. The incidence of adhesion was found to be 28% in the closed group, compared with only 14% in the open group. Operative time was prolonged by closing the peritoneum with statistical significant. The incidence of urinary tract infection, endometritis, wound infection

and respiratory tract infection in postoperative period was similar in both groups.

The authors conclude that closure of the peritoneum at caesarean section is unnecessary and may in fact promote adhesion formation and so the simpler technique of leaving it open should be adopted.

The shorter operative time and therefore anaesthetic time, the reduced suture usage and the reduced morbidity in the absence of potential complications secondary to adhesion are some potential economic benefit.

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