

Department:	Obstetrics and Gynecology (L&D)		
Document:	Departmental Policy and Procedure		
Title:	Trial of Scar Management		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	Index No:	L&D-DPP-040
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1. PURPOSE:

- 1.1 To standardize the health care provided to this high risk group of patients.

2. DEFINITIONS:

- 2.1 Women may have a uterine scar from:
 - 2.1.1 Previous caesarean section.
 - 2.1.2 Previous uterine surgery e.g. myomectomy.
 - 2.1.3 Previous uterine perforation.

3. POLICY:

- 3.1 This will include patients with a previous caesarean section, hysterectomy, myomectomy, uterine perforation.
- 3.2 Vaginal Birth with Uterine Scar (VBAC) should only be considered if a physician is capable of performing a caesarean delivery.
- 3.3 Nursing staff, anaesthesia, and an operating room are immediately available, in case an emergent Caesarean delivery is necessary.
- 3.4 Women considering trial of scar should discuss the risks and benefits of trial of scar versus C-section, including what can happen if a caesarean delivery is needed emergently.

4. PROCEDURE:

- 4.1 Check that a decision for vaginal delivery has been made at a senior level Senior physician and patient written agreement.
- 4.2 If no decision has been made discuss the case with the physician.
- 4.3 Insert IV cannula (infusion not necessary) preferably 14G (brown) minimum 16G (grey).
- 4.4 Do CBC, blood grouping and save serum.
- 4.5 Give omeprazole 20 mg orally every 12 hours.
- 4.6 Monitor the fetal heart rate continuously.
- 4.7 Perform vaginal examination every 2 hours during active phase of labor preferably by the same observer to check the progress.
- 4.8 Watch for signs of scar dehiscence.
 - 4.8.1 Vaginal bleeding.
 - 4.8.2 Abnormal CTG.
 - 4.8.3 In coordinate uterine activity.
 - 4.8.4 Severe lower abdominal pain present between contractions.
 - 4.8.5 Maternal tachycardia.
 - 4.8.6 Presenting part getting higher.
- 4.9 Assess the case carefully before Oxytocin and discuss this with Senior Physician.

- 4.10 Epidural analgesia may be used if available as the pain of uterine dehiscence will be felt despite epidural analgesia for labor; however, epidural opiates are contraindicated as these may mask the pain of dehiscence/ rupture.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Anesthetist
- 6.2 Pediatrician
- 6.3 Physician
- 6.4 Nurses
- 6.5 Midwives

7. APPENDICES:


- 7.1 Pre-Operative Checklist
- 7.2 Emergency OR Notification Form

8. REFERENCES:

- 8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

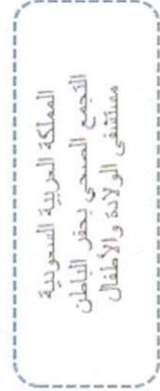
9. APPROVALS:

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 <p> مستشفى الولادة والأطفال بمحافظة حفر الباطن وزارة الصحة Ministry of Health Maternity hospital and children HOSPITAL IN HAFA AL-BATIN </p>	<p>Health Care No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name :</p> <p>Age : <input type="text"/> <input type="text"/> Yrs / Month Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Nationality :</p> <p>Consultant In - Charge :</p> <p>Dept : Unit :</p>	
<p>HOSPITAL :</p>		
<p>PRE-OPERATIVE CHECK LIST قائمة المراجعة قبل العملية</p>		
<p>SCHEDULED OPERATION : DATE : TIME :</p> <p>DIAGNOSIS :</p> <p>DATE & Time of Adm.:</p>		
CHECK LIST	YES	NO.
1 - Identification Band on hand checked?		
2 - Surgical Consent signed?		
a - Special consents signed (if required)		
3 - Consultations (if required)		
4 - History and Physical On chart? Dictated?		
5 - Allergies to drugs?		
6 - Surgical Prep. Done?		
7 - Surgical Prep. checked by:		
8 - Chest X-Ray?, Xray film Enclosed		
9 - Urinalysis?		
10 - CBC, Bleeding time & Clotting time		
11 - All ordered lab investigation Reports in chart? Including Blood, Urine & Stool		
12 - ECG?		
13 - Temperature Pulse BP		
14 - Time urine voided? Amount : a - Retention Catheter		
15 - Enema		
16 - Prosthesis Removed a - Dentures Present Removed b - Contact Lenses Present Removed c - Others		
17 - Valuables and Jewelry removed or secured?		
18 - Hairpins, Makeup, Nail Polish removed ? Lipstick Removed?		
19 - Clean Gown, Cap On. Clean Bath Blanket?		
20 - Pre-Op Medication Administered (specify) a - Dose b - Route c - Time ? d - Nurse ?		
21 - Slide Rails a - Up b - Below Position		
22 - Pre-Operation Patient Instructions, NPO From Midnight		
23 - Blood Transfusion requisition on chart		
<p>UNIT NURSE NAME:</p> <p>Date : Time : Signature :</p>		<p>OT, Nurse Name</p> <p>Sign:</p> <p>Date / Time</p>

Form No. 14

نموذج رقم ١٤



OPERATION LIST

Department: _____

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