

# Women's Health Partners, LLC

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## PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

### CERVICAL AND ABDOMINAL CERCLAGE

Cervical = pertaining to the cervix

Abdominal = pertaining to the abdomen

Cerclage = to tighten

#### Definition

The cervix is the opening to the uterus. This is the hole that a baby has to go through to be born. A cervical cerclage is a procedure that is done to your cervix in order to provide additional strength to the cervix. This procedure is done through your vagina. An abdominal cerclage is a cerclage that is placed around the cervix, but is done through an incision in the abdomen. Patients that are candidates for a cervical cerclage are those who have had a previous preterm delivery of a baby prior to 24 weeks of pregnancy and patients that have had surgery on their cervix. Patients that are candidates for an abdominal cerclage are those patients that have had a cervical cerclage that has failed or patients that have had a significant amount of surgery on their cervix to the point where the cervix may not support a pregnancy.

#### Preparation

Your doctor may do an ultrasound prior to placing the procedure to measure how long the cervix is. Also, your doctor will document fetal cardiac activity, location of the placenta, and how far along you are in the pregnancy. Your doctor may do a digital exam with his hand to see if your cervix is dilated. This procedure will be done in the operating room with anesthesia. Your doctor may give you medicine to relax your uterus and may give you antibiotics to prevent any infections.

You may get anesthesia by way of a spinal or epidural anesthesia or you may get general anesthesia (put to sleep). Once you are under anesthesia, you will be placed in a similar position that you are in when you have a Pap smear. Your vagina may be cleaned out with antiseptic to remove any germs. Your bladder may be emptied. A sterile speculum will be inserted into your vagina and your cervix will be seen. Once seen it will be stabilized by a pair of forceps. A suture (surgical thread) with a needle attached will be placed in a circle around your cervix. This suture will be tied at either the 12 o'clock or O o'clock position. Once this is done, the forceps will be removed from your cervix, and you will be watched to make sure that you tolerated this procedure well.

If this procedure is to be done through your abdomen, you will most likely be put to sleep. An incision will be made in your lower abdomen (bikini line). Your uterus and cervix will be identified. One identified, a suture will be placed around your cervix. After this, the incision will be closed.

#### Post Procedure

After the procedure, you will be transferred to the recovery room to make sure that you tolerated the procedure. After this, you will be transferred to a room and watched overnight. Depending upon your circumstances and where you are in your pregnancy and how far dilated your cervix was prior to the procedure; you may be allowed to leave the hospital.

Your doctor may give you medicine to relax your uterus and may give you antibiotics to prevent any infections. Your doctor may not allow you to do any strenuous activity for the remainder of your pregnancy such as exercise or weight lifting. Also, your doctor may not allow you to have sexual intercourse because of the cerclage placement.

If the cerclage was placed by making an incision into your lower abdomen, your doctor may not allow you to perform exercise or to lift anything heavier than a gallon of milk. Your doctor may not let you drive for several weeks until the scar on your abdomen strengthens.

#### Expectations of Outcomes

The outcomes of this procedure will depend upon the circumstances under which the cerclage was placed. If the cerclage was placed prior to your cervix dilating, the cerclage may extend your pregnancy. If the cerclage was placed after your cervix has dilated, your doctor will talk to you concerning your risk of delivering over the next several days to weeks.

If the procedure was done through an incision in your abdomen, you may have some pain after the procedure. Your doctor will give you pain medicine by IV or by mouth to control your pain. You may spend two to four days in the hospital while your body heals from the surgery.

**Possible Complications of the Procedure**

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like you to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

- The main risks to this procedure are rupture of the membranes (breaking your water) and chorioamnionitis (infection of the linings of the uterus and placenta). These risks depend on whether or not your cervix is dilated prior to the procedure.
- Elective cerclage: This is done before your cervix is dilated or shortened and is intended to help prevent this from occurring. The risk of rupture of membranes is approximately 1% to 18%. The risk of chorioamnionitis is 1% to 6%.
- Urgent: This is when your cervix is shortened in length, but not very dilated. The risk of rupture of membranes is approximately 3% to 65%, while the risk of chorioamnionitis is 30% to 35%.
- Emergency: This is when your cervix is both short in length and dilated several centimeters. The risk of rupture of membranes is as high as 51%, while the risk of chorioamnionitis is 9% to 37%.
- Risk of injury to bowel or bladder: Since your bladder sits on your cervix, there is a remote chance of injury to your bladder. This risk is for when the cerclage is placed through your vagina or through an incision in your lower abdomen. The risk is small with both procedures. If the procedure was done through an incision in your abdomen, then there is a risk of injury to your bowel and also bleeding from some of the major arteries to your uterus. The risk is remote and will depend upon if you had prior surgery on your abdomen.
- Wound infection: If the procedure was done through your abdomen and since this is surgery, there is a small chance of a wound infection.

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Patient Signature

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Date

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Patient Name                  Patient ID #

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Date

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Physician Signature

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Witness

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Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.