

Prevention of vesicouterine adhesion after cesarean with interceed

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Aim : To evaluate the efficacy of a adhesion barrier (interceed) for preventing vesico-uterine fold adhesion in women undergoing primary cesarean section

Methods : Between 1/2/2001 and 3/6/2005, all patients undergoing primary cesarean section at our institution were offered study enrollment. The myometrium was repaired in one layer, the serosa was not repaired and the peritoneum with repaired with vicryl 1. They were evaluated at the time of repeated cesarean delivery comparing the groups that did or did not use the intercede. The vesico-uterine adhesion was scaled from 0 to 3. Grade 0 had no adhesion, grade 1 had some adhesion but with normal myometrial width enabling further pregnancy, and grade 2 had some adhesion and thin myometrium hindering further pregnancy. Grade 3 had severe vesico-uterine adhesion and peritoneal adhesion which disturbed facile fetal delivery. Student's t test was used for statistical analysis.

Results : Fourty - five patients statisfied the inclusion criteria. The mean age was 33 years in both groups. The mean operation time was 45 minutes in the Interceed group and 49 minutes in the non- Interceed group. The amount of blood loss was 540 cc and 542 cc respectively. All eight patients in the Interceed group had grade 0 adhesion. Of 37 patients in the non-Interceed group, 30 patients had grade 1 adhesion, 4 patients had grade 2, and 3 patients had grade 3. The mean adhesion-treated score was statisticallysignificantly lower (0, $P=0$) than the mean untreated control score (0.27 ± 0.60 , $p < 0.001$, student T-test).

Conclusion : Interceed placement reduced cesarean section scar adhesion. However further study is required with more collective data.