

CERVICAL CERCLAGE



cerclage :

1. provide structural support to a „weak“ cervix,
2. maintain cervical length and the endocervical mucus plug as a mechanical barrier to ascending infection

Indication

1-History-indicated cerclage

performed as a prophylactic in asymptomatic women inserted electively at 12–14 weeks of gestation.

Indication: >2 previous preterm births and/or second-trimester losses.

2- Ultrasound-indicated cerclage:

Indication : with a history of cervical surgery or previous one or more spontaneous mid-trimester loss or preterm birth and cervix is 25 mm or less before 24 weeks of gestation

3-Rescue cerclage when the cervix is dilating in the absence of contractions .

Types of cerclage

- 1-McDonald transvaginal cerclage Transvaginal purse-string suture inserted at the cervicovaginal junction without bladder mobilization
- 2-Shirodkar (high transvaginal) cerclage Transvaginal purse-string suture inserted following bladder mobilization, to allow insertion above the level of cardinal ligaments
- 3-Transabdominal cerclage Suture inserted at the cervicoisthmic junction via laparotomy or laparoscopy. Transabdominal cerclages can either be inserted preconceptionally or in the first trimester of pregnancy

A transabdominal cerclage is usually inserted following

- a failed vaginal cerclage
 - extensive cervical surgery.
- ❖ . Any potential benefits of transabdominal cerclage must be weighed against its increased operative risks. Patients must undergo two laparotomies during pregnancy, one for suture insertion and the other for caesarean section. Transabdominal cerclage should be therefore performed only by experienced operators and only for clear and defined indications

Contraindications to cerclage insertion

- ☐ active preterm labour
- ☐ clinical chorioamnionitis
- ☐ continuing vaginal bleeding
- ☐ PPRM
- ☐ Fetal compromise
- ☐ Lethal fetal defect
- ☐ Fetal death.

Pre operative:

- ☐ ultrasound scan for viability and major fetal abnormality before history-indicated cerclage.
- ☐ Anomaly scan before ultrasound-indicated or rescue cerclage.

Removal of cerclage

- ❑ between 36+1 and 37+0 weeks of gestation, unless delivery is by elective caesarean section, in which removal can be delayed until this time.
- ❑ established preterm labour.
- ❑ A Shirodkar suture usually require anaesthesia for removal.
- ❑ women with a transabdominal cerclage require delivery by caesarean section, and the abdominal suture may be left in place following delivery.