

SCENARIO

Rescue cervical Cerclage

LEARNING OBJECTIVES

Be aware of the indications for insertion of cervical cerclage

Be aware of the contraindications of cervical cerclage

Demonstrate the insertion of McDonald suture using the model

Discuss post operative management of the patient

EQUIPMENT LIST

PROMPT Pelvis

2 x gloves

Empty Crisp Tube

Downloaded model instructions

Mersilene Suture

Littlewoods/scissors

Drapes

PERSONNEL

MINIMUM: 2

ROLES:

Patient

Obstetric Registrar/Cons

FACULTY

MINIMUM: 1

Facilitator

TIME REQUIRMENTS

TOTAL 45mins

Set up: 20 mins

Pre Brief: 5 mins

Simulation: 10mins

Debrief: 10mins

INFORMATION TO CANDIDATE**PATIENT DETAILS**

Name: Jane Brown Phx: 3x STOP
Age: 24 Allergies: Nil
Weight/BMI: 51kg/19

SCENARIO BACKGROUND

Location: Triage/Theatre

Situation:

Jane is 18 weeks pregnant. G4P0. She presents to gynaecology ward with a history of lower abdominal discomfort and an increased discharge. On speculum examination she is found to have bulging membranes and 2-3 cm dilated. FH is present and she is systemically well with no signs of infection. A HVS has been sent. FBC WC 11.3 CRP 20

Task: 1. Please discuss with Jane her management options
2. Using the model insert a McDonald suture

RCOG CURRICULUM MAPPING

Module 8 Antenatal Care
Insertion of cervical cerclage
Advanced Training Modules
Advanced Labour Ward Practice 5. Cervical Cerclage

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Jane Brown. You are 24 years old. This is your fourth pregnancy. In the past you have had 3x surgical terminations. You are currently 18 weeks. You attended the gynaecology ward due to lower abdominal discomfort and an increase in your discharge. You are worried about the pregnancy as you had been told last time you had a termination that this can lead to early delivery.

The nurse has listened in to your baby and it seems fine. The doctor sees you and asked some questions. When you are examined the doctor tells you that the neck of your womb has started to open. You are very concerned and upset.

The doctor will then discuss with you what may happen next.

RESPONSES TO QUESTIONS

You have no medical problems or allergies.

You have had no other surgeries apart from the terminations.

You have not yet had a smear.

You have never had an STI and have been regularly screened

You feel well otherwise; no urinary or bowel problems

You've had no fevers

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Initial discussion should cover points:

Care need to be individualised and a joint management plan with patient and medical team (senior obstetrician).

Even with the insertion of s suture the risk of preterm delivery and neonatal mortality remain high.

Options:

Rescue cervical cerclage (may delay on average delivery for 5 weeks) vs expectant.

No evidence bed rest alters outcome

Rule out contraindications: active labour, clinical infection, bleeding, PPROM, fetal compromise

Inform patient:

Increased risk maternal pyrexia but not chorioamnionitis, caution of unrecognised pre-existing chorioamnionitis.

Surgical risk of iatrogenic rupture of membranes, bladder injury cervical laceration

Risk of cervical trauma if spontaneous labour

Pre Op:

Check/undertake anomaly scan

Consider prophylactic antibiotics – (Clindamycin 150mg QDS 7days)

Consider 24 hours post op observations

Insertion:

Demonstrate aseptic technique

Circumferential suture inserted anteriorly at the junction of the ectocervix and vagina

4-6 bites taken to complete the suture and tied anteriorly with ends long enough for easy removal.

Removal of suture:

36+1- 37+0 gestation

Active labour

PPROM- consider waiting 48hours for steroids/transfer, delayed removal until deliver associated with increased sepsis

<23weeks >34wk PPRM unlikely delay in removal will result in benefit

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Indications for cervical cerclage:

-History indicated

-USS indicated

-Rescue

Different types/routes of suture and their relevant indications

Risks and benefits of insertion

Potential complications of cervical cerclage

Ongoing management of pregnancy

Management of subsequent pregnancies

REFERENCES

RCOG Green-top Guideline: Cervical Cerclage No. 60 May 2011. RCOG Press