International Journal Dental and Medical Sciences Research
Volume 3, Issue 1, Jan-Feb 2021 pp 158-160 www.ijdmsrjournal.com ISSN: 2582-6018

"Day 3 Dressing Versus Direct Suture Removal on Day 7 on Wound Healing and Maternal Morbidity in Patients Undergoing Lscs".

Dr.Kajal kiran [1], Dr Dharamavijaya M.N.[2], Dr Roshini P.[3]
1.Junior resident,Department of obstetrics And Gynecology,Mvjmc&Rh,Bengaluru.
2.Professor and HOD,Department of Obstetrics and Gynecology ,Mvjmc &Rh,Bengaluru.
3.Senior resident,Department of Obstetrics and Gynecology,Mvjmc&Rh,Bengaluru.
Correspondence author :Dr.Roshini P.

Date of Submission: 15-12-2020 Date of Acceptance: 30-12-2020

ABSTRACT:OBJECTIVES: The aim of this study was to find out the incidence and patient morbidity and associated risk factors of surgical site infection among cesarean section cases in whom direct suture removal was done on day 7 as compared to cases where dressing done on day 3.

METHODS: A prospective, descriptive study conducted at MVJMC and RH. Patients who underwent surgical procedure for delivery during study period were included in the study. The patients undergoing LSCS were randomly selected into Group A of 50 cases where direct suture removal was done on day 7 and Group B of 50 cases where dressing was done on day3. Other factors like primary CS, Repeat CS, other comorbidities were also taken into consideration.

All data of various groups were tabulated and statistically analysed using suitable statistical tests (Student's t test). P value < 0.05 will be considered to be moderately significant & p value<0.01 as strongly significant.

RESULT: This Study concluded that

- Secondary LSCS has higher chance of wound infection compared to primary LSCS which was p statistically significant.
- In secondary LSCS, change of dressing was associated with more infection compared to intact dressing which was statistically significant.

When suture material silk was used, change of dressing was associated with more wound infection as compared to intact dressing which was statistically significant

I. INTRODUCTION

Cesarean Section (CS) is one of the most commonly performed surgical procedures in OBG.

Surgical site infection (SSI) after a cesarean section increases maternal morbidity and prolongs hospital stay and medical costs.

Hospital acquired infections occur worldwide and affect both developed and resource-poor countries.

They are a significant burden both for the patient and for public health.

The economic costs are considerable

II. OBJECTIVE

The aim of this study was to find out and compare the incidence and associated risk factors of surgical site infection and wound gaping among cesarean section cases in whom

Group A: dressing done on day 3 of surgery

Group B: Direct suture removal on post operative Day 7 of surgery

III. MATERIAL AND METHOD

Study design:A prospective, descriptive study conducted at MVJMC and RH

Study population:

Group A – Of 50 Cases where dressing was done on Day3.

Group B– Of50 Cases where dressing was not done on Day 3 and direct suture removal on post-operative Day 7

Mode of selection of study population:

Patients who underwent surgical procedure for delivery during study period were included in the study.

Data was collected from patient using structured proforma and examination of wound till discharge of the patient was done.

Methodology

Patients were randomly selected and placed in the two groups.

Statistical analysis

All data of various groups were tabulated and statistically analysed using suitable statistical tests (Student's t test). P-value < 0.05 will be considered to be moderately significant & p value<0.01 as strongly significant.

International Journal Dental and Medical Sciences Research
Volume 3, Issue 1, Jan-Feb 2021 pp 158-160 www.ijdmsrjournal.com ISSN: 2582-6018

IV. RESULTS

Table No 1: Total no of cases

Dressing	Number	Percentage
Group A	50	50
Group B	50	50
Total	100	100

Table No 2 : Relation of dressing with wound infection

Dressing	No. of cases with wound infection	No. of cases without wound infection	p-value
Group A	8	42	0.11
Group B	3	47	

Table No 3: Relation of risk factor with infection and dressing

Risk factor	Infected	Not infected	Total
Previous lscs	5	15	20
GDM	2	4	6
Anemia	3	13	16
Pre eclampsia	1	10	11
Uncomplicated	1	40	41

Table No 4 : LSCS

Lscs	Infected	Not infected	p-value
Primary	6	74	0.25 significant
secondary	5	15	

Table No 5: Primary section

Dressing	Infected	Not infected	p-value
Group A	1	28	0.29
Group B	5	46	

Table No 6: Secondary section

Dressing	Infected	Not infected	p-value
Group A	5	8	0.05
Group B	0	7	significant

Table No 7: Suture material

Suture	Infected	Not infected	p-value
Poly glycolic acid	6	40	0.54
silk	5	49	

Table No 8: Polyglycolic acid

Suture	Infected	Not infected	p-value
Group A	4	12	0.07
Group B	2	28	

International Journal Dental and Medical Sciences Research
Volume 3, Issue 1, Jan-Feb 2021 pp 158-160 www.ijdmsrjournal.com ISSN: 2582-6018

Table No 9: Silk

Suture	Infected	Not infected	P-value
Group A	5	25	0.03 significant
Group B	0	24	

Table No 10: Previous LSCS

Dressing	Infected	Not infected	p-value
Group A	5	6	0.08
Group B	0	9	

Table No 11: Pre-eclampsia

Dressing	Infected	Not infected	p-value
Group A	0	3	0.52
Group B	1	17	

Table No 12 : Gestational diabetes mellitus

Dressing	Infected	Not infected	p-value
Group A	1	0	0.12
Group B	1	4	

Table No 13: Anemia

Dressing	Infected	Not infected	p-value
Group A	2	4	0.24
Group B	1	9	

V. CONCLUSION

This Study concluded that Secondary LSCS has higher chance of wound infection compared to primary LSCS which was statistically significant (p-value less than 0.05) In secondary LSCS, change of dressing was associated with more infection compared to intact dressing which was statistically significant (p-Value less than 0.05) When suture material silk was used change of dressing was associated with more wound infection as compared to intact dressing which was statistically significant
This study at our hospital gave a conclusion that direct suture removal on day 7 of post op was better compared to dressing on day 3

REFERENCES

[1]. James Mowat et al. Abdominal wound dehiscence after caesarean section, British Medical Journal, 1971; 2: 256-257. 19.
[2]. Pandit A et al. Incidence of caesarean wound infection in patan hospital, Nepal Journal of Nepal medical association, 2003; 42; 280-283. 20.
[3]. Piret Mitt et al. Surgical site infection following caesarean section; Infect Control Hosp Epidemiol, 2005; 26(5):449-454. 21.
[4]. Demisew A et al. Surgical site infection rate and risk factors among obstetric cases; Ethiop. J. Health Sci, 2011; 21(2):91-100. 22.
[5]. John S. Wound dehiscence: is still a problem in the 21th century: a retrospective study. World Journal of Emergency Surgery 2009; 4:12 doi:10.1186/1749 7922-4-12. 23.
[6]. Waqar Study of wound infection in Pakisthan institute of medical sciences. Ulus trauma, 2001; 7(2):96-9. 24.
[7]. Shittu A O. A study of wound infections in two health institutions in lle-llf, Nigeria. Afr. J. Biomed. Res, 2002; 5:97–102. 25.
[8]. Afzal S et al. Determinants of wound dehiscence in abdominal surgery in public sector hospital. Annals, 2008; 14(3):111-115.