

## CASE VIDEO

# Sharp expansion of the cesarean delivery uterine incision in women with previous cesarean section scars

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**Abstract**

Although the blunt uterine incision expansion during a low-transverse cesarean delivery has prevailed over the sharp technique, the latter should not be completely abandoned. The sharp method with scissors should be considered when managing patients with previous cesarean sections, although more studies are required for a definite answer.

**KEYWORDS**

cesarean delivery, expansion technique, precious cesarean section, sharp uterine incision

## 1 | QUESTION

Should the sharp expansion with scissors of the uterine incision at lower segment cesarean section delivery be abandoned?

## 2 | ANSWER

Several studies have advocated that sharp expansion of the uterine incision during a low-transverse cesarean delivery is associated with less advantageous maternal outcomes, compared with the blunt technique.<sup>1,2</sup> However, no such study, specific to women with previous cesarean section scar has been conducted.

From our experience, the sharp method with scissors (Video S1), in deliveries with at least one previous cesarean section, given the presence of fibrotic tissue and scar dehiscence, is correlated with negligible unintended extensions

of the incision, toward the uterine vessels and the cervix, since it tends to be more controlled. Furthermore, this modality is associated with minimal estimated blood loss, resulting in better uterine closure, without significant increase in the operative time. Thus, the sharp technique, with the incision being performed approximately 2–3 cm above the old scar, should possibly be considered when dealing with this group of patients, although more studies are required for a definite answer to be given.

**AUTHOR CONTRIBUTIONS**

IC contributed to conception and development of the project, served as the primary surgeon, and gave the final approval of the version to be published. MD was involved in data analysis, photograph and video editing, and manuscript writing. KA was involved in acquisition of data and was responsible for patient's perioperative care. KK and AD provided critical revision of the article. NK participated in the surgical operations and revised the manuscript and the video.

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## ACKNOWLEDGEMENTS

None.

## CONFLICT OF INTEREST

None declared.

## DATA AVAILABILITY STATEMENT

The datasets generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

## ETHICAL STATEMENT


All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration.

## CONSENT

Written consent from the patients was obtained for publication.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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