

Background

Unplanned return to the operating theatre (OT) is defined as a return to the theatre due to complications or untoward outcomes related to the initial surgery. It has been suggested as a screening tool for quality assurance as well as an outcome measure.

Objectives

To review our incidence of unplanned return to the operating theatre (OT) following obstetric and gynaecological procedures. To assess the indications, procedures, risk factors and outcome after returned to OT following obstetric and gynaecological procedures.

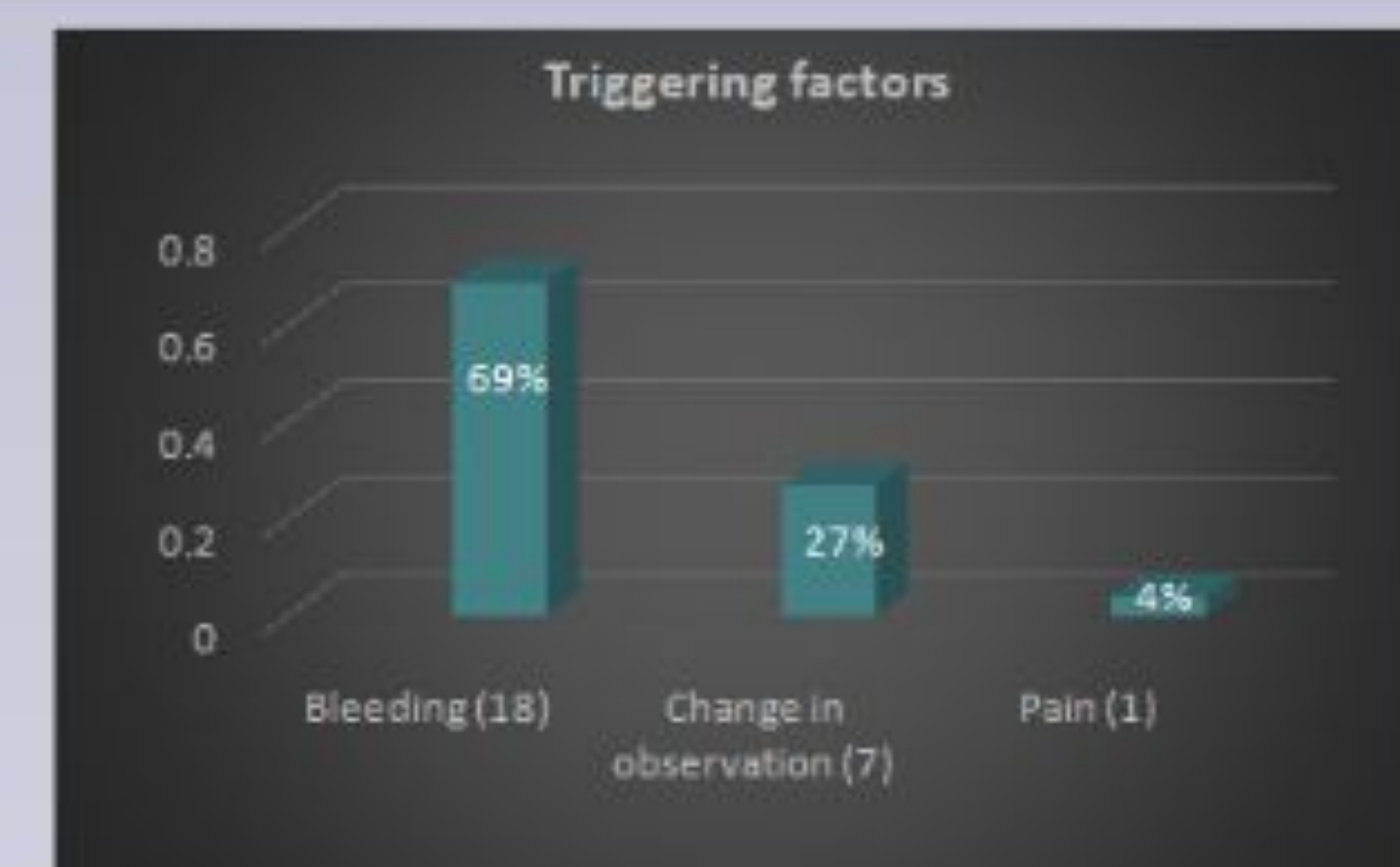
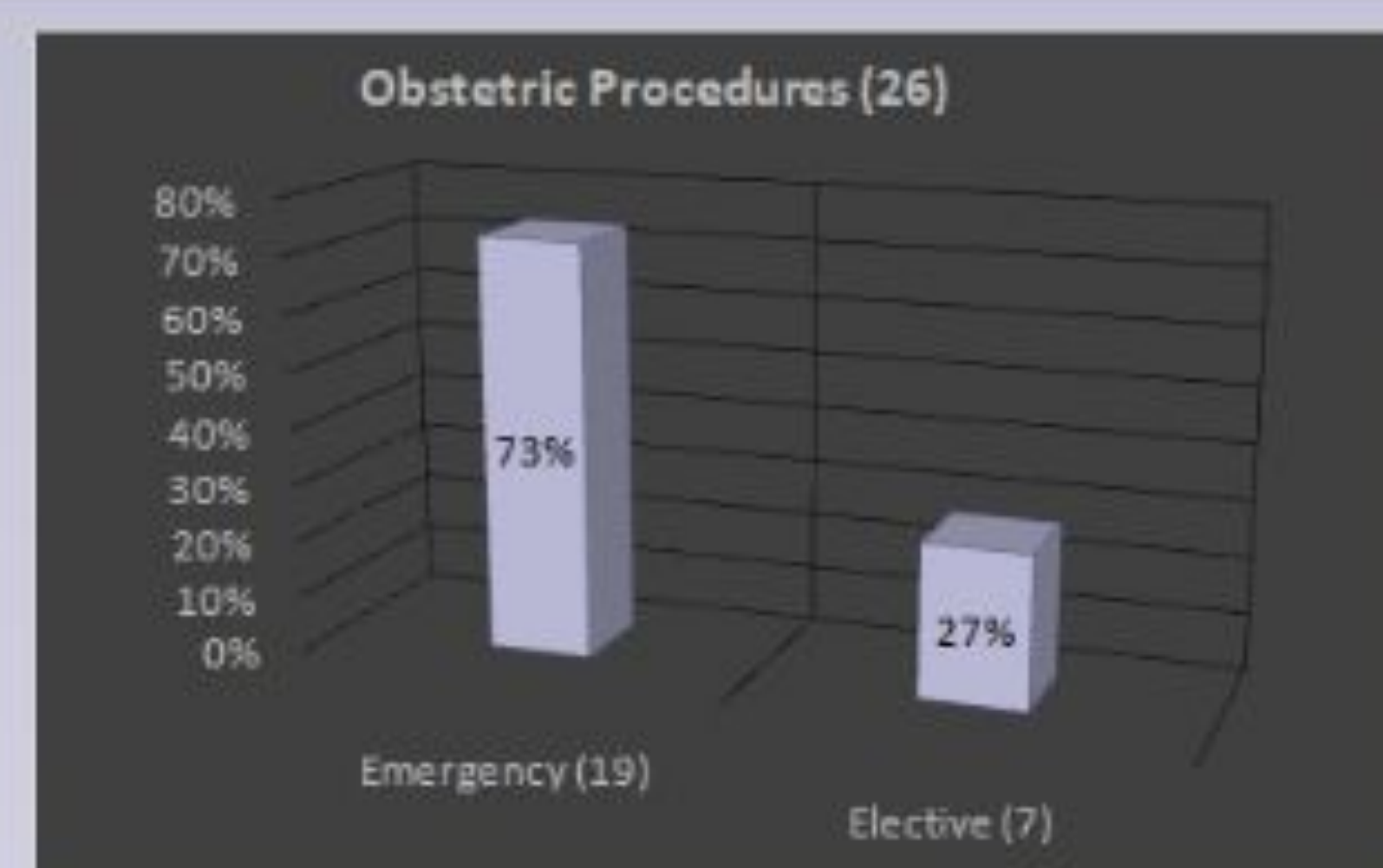
Methods

Retrospective study for a period from October 2019 to October 2021. Women were identified from our operating theatre database. Data collected from electronic medical records.

Results

33 cases were identified. 26 (79%) cases were following obstetric and 7 (21%) cases were following gynaecologic procedures. The incidence of unplanned return to the operating theatre following obstetric procedure was 0.55% and gynaecology procedure was 0.29%.

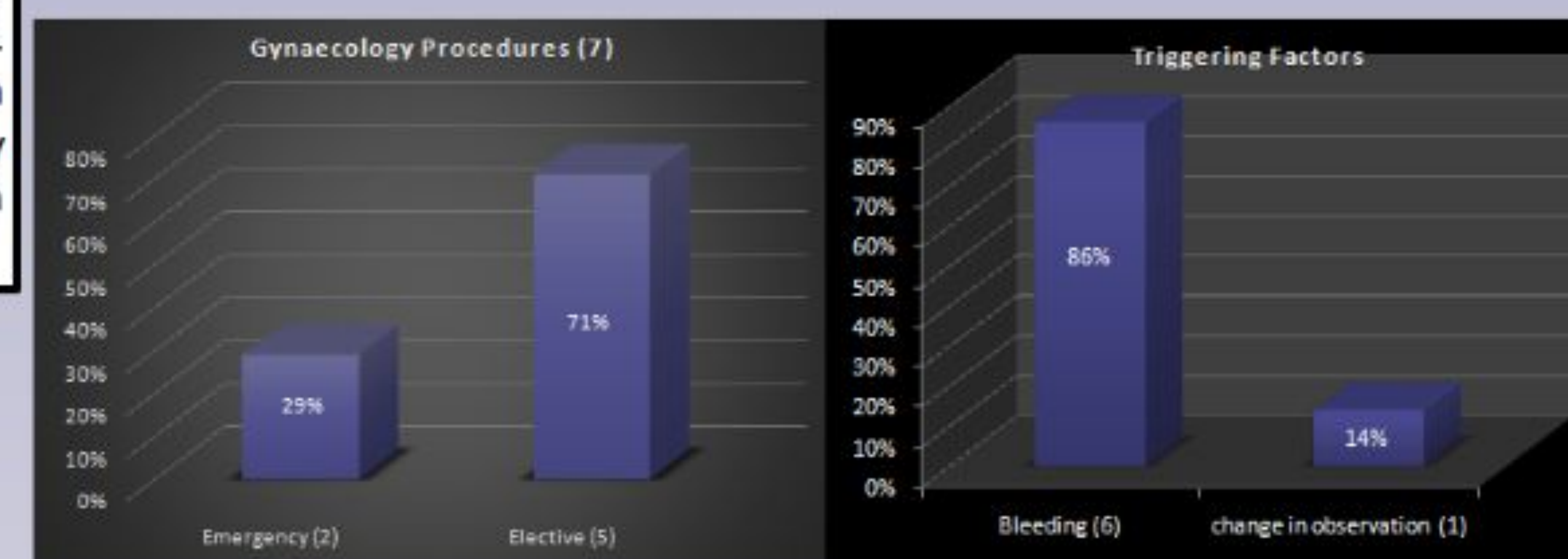
Among Obstetric procedures, elective and emergency initial operations accounted for 27% and 73% respectively. The triggering factors were a combination of a change in observations, postoperative bleeding, a drop in haemoglobin level and uncontrolled abdominal pain despite analgesics. 73% of the cases following caesarean section, giving an overall risk of return to OT after caesarean section of 0.47%. Initial operation was conducted by consultant in 74% of cases. A specific bleeding site was only identified in 0.15% of patients. Blood transfusion was required in 56% of cases and 78% monitored in high dependency unit. Among 26 obstetric cases, 3 of them had hysterectomy following return to OT. No other long term sequelae.



Primary Obstetric Procedures		Secondary Obstetric Procedures	
Caesarean section	19 (73%)	EUA + Bakri Balloon insertion	5
Caesarean hysterectomy	1 (3.84%)	EUA+ Re insertion Bakri Balloon	2
	1 (3.84%)	EUA+ Hemostatic sutures/cervical tear	2
Vaginal Hematoma		ERPC	3
	1 (3.84%)	Episiotomy hematoma	1
Forceps + RMLE		Re suturing episiotomy	1
	2 (7.8%)	Laparotomy + Peritoneal abscess drainage	1
EUA		Laparotomy + peritoneal lavage	1
	1 (3.84%)	Laparotomy + Hemostatic sutures	5
MROP		Laparotomy + sub rectal hematoma evacuation	1
	1 (3.84%)	Repair of bladder injury + stent	1
Kiwi + RMLE		Hysterectomy	3

Results

Among gynaecologic procedures, elective and emergency initial operations accounted for 71% and 29% respectively. 58% of the cases were following suction evacuation. Bleeding was the cause in 86% cases. Initial operation was conducted by consultant in 86% of the cases. 57% of them required blood transfusion and monitored in high dependency unit. No women required further reoperation and none of them had long term sequelae.



Primary Gynaecology Procedures

Laparotomy – Myomectomy	1
Laparoscopy – Hysterectomy	1
Laparoscopy – Stage 4 Endometriosis	1
Suction Evacuation	4

Secondary Gynaecology Procedures

Rectal muscle and bladder edge ooze – Hemostatic sutures	1
Laparoscopy + peritoneal wash + Hemostatic sutures	1
Vaginal wall tear suturing	1
Laparoscopic salpingectomy	1
Suction evacuation	3

Conclusions

Hemorrhagic complication was the main indications for return to OT after Obstetric and Gynaecologic surgeries. Unplanned reoperation is a potentially life threatening complication, and therefore early recognition; resuscitation and emergency return to the OT to stop the bleeding are the main principles of management.

Recommendations

Use of MEWS/MEOWS will help in early detection and intervention, reducing further morbidity. The length of time between the primary surgery and return to the OT has an important role in the management.

References

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Unplanned return to the operating theatre in gynaecology: five years' experience Ismael Mahfouz, FidaAsali, Rebecca Wiltshire, Timothy R. Sayer, Christian H. Phillips a)Department of Obstetrics and Gynaecology, North Hampshire hospital, Aldermaston Road, Basingstoke, RG24 9NA, Hampshire, United Kingdom, b)Department of Obstetrics and Gynaecology, Wexham Park Hospital, Slough, SL2 4HL, Berkshire, United Kingdom– 2011
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