

Objective

The study aimed to evaluate the incidence and contributing factors of post-caesarean wound infections and pelvic collections, including other related adverse outcomes during the period of 2019-2023.

Design

A retrospective audit was conducted, analyzing 200 cases out of 700 coded for suspected complications during this period.

Method

Participants were selected from a patient list based on unique identification numbers. Data were extracted from electronic case notes (CRS) and compiled into a database for analysis. Statistical evaluations were primarily conducted using mainly two-way ANOVA.

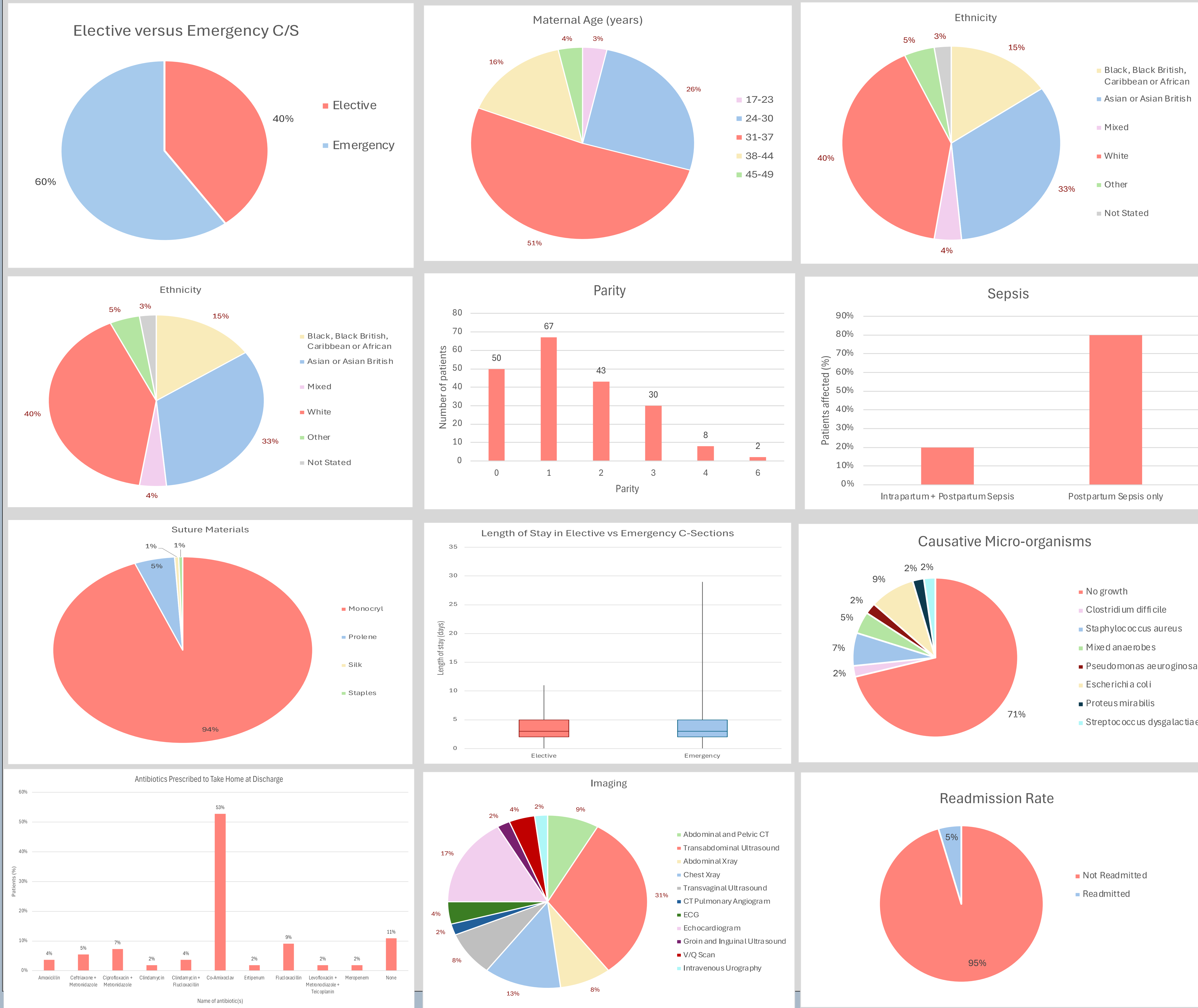
Results

The variables analyzed included wound infection, wound dehiscence, pelvic collections and sepsis..

Key findings include:

- Wound infections: 11% of cases, consistent with the national range (5-13%).
 - Pelvic collections: 5% (with Surgicel use in 4 out of 9 cases).
- Statistical analysis revealed a significant effect of BMI on complication rates ($p = 0.03$). Age groups showed marginal significance in complication rates ($p = 0.048$), while the number of previous caesarean sections showed no significant effect ($p = 0.061$). Ethnicity and BMI significantly influenced complication rates, with higher BMI correlating with increased complications. No significant differences were found in length of stay based on the type of caesarean section. E. coli was the most common organism isolated in wound infections, and Co-amoxiclav was the most frequently used antibiotic. Microbiology input was documented in 9% of cases Ultrasound was the most frequently used imaging modality.

Results



Results



Conclusions

The incidence of wound infections and other key outcomes fell within national benchmarks. Most patients did not require readmission, and there was no clear association between suture material or type of caesarean section and complications. This study addresses the importance of modifiable risk factors, such as BMI and ethnicity, through preoperative optimization and tailored clinical care. Ongoing surveillance remains essential.

References:

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- 3.Mavrides E, Allard S, Chandraharan E, Collins P, Green L, Hunt BJ, Riris S, Thomson AJ on behalf of the Royal College of Obstetricians and Gynaecologists. Prevention and management of postpartum haemorrhage. BJOG 2016 ; 124:e106–e149.
- 4.Mavrides E, Allard S, Chandraharan E, Collins P, Green L, Hunt BJ, Riris S, Thomson AJ on behalf of the Royal College of Obstetricians and Gynaecologists. Prevention and management of postpartum haemorrhage. BJOG 2016 ; 124:e106–e149.