

UKOSS

UK Obstetric Surveillance System

Re-laparotomy after Caesarean Section Study 01/21

Data Collection Form - CASE

Please report any woman having a re-exploration or laparotomy following
Caesarean Section between 01/06/2021 – 31/05/2022

Case Definition:

Any woman who has a Caesarean Section (CS) **AND** who returns to theatre **AND**

EITHER

An exploration of the CS wound with the rectus sheath (RS) re-opened (i.e. deep exploration of the wound because of a wound problem, requiring the rectus sheath to be opened)

OR

a formal laparotomy (opening of the peritoneum) (e.g. to control bleeding, deal with abdominal/pelvic infection, undertake a hysterectomy or for any other reason)

within 28 days of CS

Case ID Number:



Royal College of
Obstetricians
and Gynaecologists

Bringing to life the best
in women's health care

Please return the completed form to:

ukoss@npeu.ox.ac.uk

UKOSS

National Perinatal Epidemiology Unit
University of Oxford, Old Road Campus, Oxford, OX3 7LF

Phone: 01865 617764 / 617774

Reporting Month: _____

Reporting Hospital: _____



NPEU

Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Please record the ID number from the front of this form against the woman's name on the table provided in the UKOSS folder.
3. Fill in the form using the information available in the woman's case notes.
4. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 7.
5. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18.37
6. If codes or examples are required, some lists (not exhaustive) are included on the back page of the form.
7. If the woman has not yet delivered, please complete the form as far as you are able, excluding delivery and outcome information, and return to the UKOSS Administrator. We will send these sections again for you to complete two weeks after the woman's expected date of delivery.
8. **If you do not know the answers to some questions, please indicate this in section 7.**
9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 7 to describe the problem.

Section 1: Woman's details

1.1 Year of birth

1.2 Ethnic group^{1*} (enter code, please see back cover for guidance)

1.3 Marital status

single married cohabiting

1.4 Was the woman in paid employment at booking?

Yes No

If Yes, what is her occupation

1.5 Height at booking

 cm

1.6 Weight at booking

 . kg

1.7 Smoking status

never gave up prior to pregnancy
current gave up during pregnancy

Section 2: Previous Obstetric History

2.1 Gravidity

Number of previous completed pregnancies beyond 24 weeks

Number of previous pregnancies less than 24 weeks

Number of previous Caesarean Sections (CS)

If no previous pregnancies, please go to section 3

2.2 Did the woman have any previous pregnancy problems?^{2*}

Yes No

If Yes, please specify _____

*For guidance please see back cover

Section 3: Previous Medical History

- 3.1** Has the woman had any other previous uterine surgery?^{3*} Yes No
If Yes, please specify _____
- 3.2** Has the woman had any other previous abdominal surgery (other than CS)? Yes No
If Yes, please specify _____
- 3.3** Has the woman had any other previous medical problems?^{4*} Yes No
If Yes, please specify _____

Section 4: This Pregnancy

- 4.1** Final Estimated Date of Delivery (EDD)^{5*} / /
- 4.2** Was this pregnancy a multiple pregnancy? Yes No
If Yes, specify number of fetuses
- 4.3** Was placenta praevia diagnosed prior to delivery? Yes No
If Yes, please specify the grade (I-IV)
- 4.4** Was placental invasion diagnosed prior to delivery? Yes No
If Yes, was this (*please tick one*) Accreta Increta Percreta
- 4.5** Were there other any problems in this pregnancy?^{2*} Yes No
If Yes, please specify _____
- 4.6** Were any fibroids noted on ultrasound scans in this pregnancy? Yes No
If Yes, what was the maximum diameter recorded cm
- 4.7** Was the woman prescribed any anti-coagulants/antiplatelet agents during pregnancy? Yes No
If Yes, please specify the anti-coagulant regime and the anti-platelet agent (*tick all that apply*)
LMWH Prophylactic dose LMWH Treatment dose Warfarin
Aspirin Clopidogrel Other
If Other, please specify _____
If Yes, When was the last dose of an anti-coagulant/antiplatelet agent given prior to giving birth?
Anti-coagulant < 24 hours 1 – 7 days > 7 days
Anti-platelet agent < 24 hours 1 – 7 days > 7 days

Section 5: Delivery

- 5.1 Did the woman labour?** Yes No
If Yes, what was the Date/Time of onset of labour? / / :
24hr
- 5.2 What was the date and time of rupture of membranes?** / / :
24hr
- 5.3 What was the cervical dilation before the decision to perform a CS?** cm
- 5.4 Was an instrumental delivery attempted prior to the CS?** Yes No
- 5.5 What was the primary indication for CS?** _____
- 5.6 What type of uterine incision was used? (please tick one)**
Lower Segment Classical Other
- 5.7 What was the grade of urgency?^{6*}**
- 5.8 What was the grade of the MOST SENIOR obstetrician scrubbed up & operating for the caesarean section? (please tick one)**
Consultant ST5 or above ST4 or below Specialty Doctor
If not a consultant, was the consultant present in the theatre at any time during the caesarean section? Yes No Not recorded
- 5.9 Were there adhesions between the uterus and abdominal wall noted at CS?** Yes No
- 5.10 What was the type of anaesthesia utilised for CS?** Regional General
- 5.11 Were any of the following diagnosed intra-operatively during the CS (i.e. not suspected pre-surgery)? (tick all that apply)**
Uterine atony Uterine dehiscence Uterine rupture Abruptio
Placenta praevia Placenta percreta Placenta increta Placenta accreta
If placenta praevia was diagnosed, please specify the grade (I-IV)
- 5.12 Did the woman have a primary post-partum haemorrhage?** Yes No
If Yes, what was the estimated blood loss? ml
What was the underlying cause of any haemorrhage? (tick all that apply)
Uterine atony Uterine trauma Rupture
Uterine infection Bleeding from uterine incision Other
If Other, please specify _____
- 5.13 Was there any evidence of coagulopathy intra-operatively?** Yes No
- 5.14 Did the woman decline blood products ?** Yes No
If No, were blood products given? Yes No
- 5.15 Was the major obstetric haemorrhage pathway activated during CS?** Yes No
- 5.16 Were any of the following required during the CS? (tick all that apply)**
Intra-uterine balloon Uterine packing B-Lynch or other brace suture
Hysterectomy Drain insertion Pelvic artery ligation Uterine artery ligation
- 5.17 Were any of the following damaged during surgery ?**
Bladder Yes No
Bowel Yes No
Other Yes No Please specify _____

5.18 What was the suture material used to close the rectus sheath? (please tick one)

Vicryl (or similar absorbable) PDS (longterm absorbable)

Nylon/Prolene (non-absorbable) Other

If Other, please specify _____

5.19 Was the woman admitted to ITU (critical care level 3) or HDU (level 2)? Yes No

If Yes, was this planned pre-operatively Yes No

Section 6: Women's Outcomes

Section 6a: Re-exploration Details

6a.1 Date and Time of first re-exploration?

/ / : 24hr

6a.2 What is the main clinical indication for the re-exploration? (please tick one)

Suspected intraabdominal bleeding or haematoma

Suspected intraabdominal sepsis or collection Suspected bowel damage

Suspected bowel obstruction Suspected bladder damage Wound haematoma

Wound sepsis or collection Other

If Other, please specify _____

6a.3 What symptoms were reported by the woman before the re-exploration? (tick all that apply)

None Abdominal pain Vaginal bleeding Fever Vomiting

Signs of hypotension (e.g.dizziness) Other

If Other, please specify _____

6a.4 Was the woman started on antibiotics before the re-exploration? Yes No

If Yes, date antibiotics commenced? / /

6a.5 Was any radiological abdominopelvic imaging carried out before re-exploration? Yes No

If Yes, please specify the imaging CT Scan US Abdomen MRI IVU/IVP

6a.6 What anaesthesia was used for re-exploration? (tick all that apply)

Local infiltration Regional General

6a.7 Were any of the following problems reported during the anaesthetic? (tick all that apply)

Hypotension (BP< 90mm Hg) Difficult Intubation Failed Intubation None

6a.8 What was the grade of the most senior operating surgeon during the re-exploration?

Consultant ST5 or above ST4 or below Specialty Doctor

6a.9 Were any other specialties involved during re-exploration? Yes No

If Yes, please tick all that apply:

General surgery Urology Vascular surgery Other

If Other, please specify _____

6a.10 Was the rectus sheath opened during the re-exploration? Yes No

6a.11 Was the peritoneum opened during the re-exploration? Yes No

6a.12 What were the findings of the re-exploration? (tick all that apply)

Haematoma/bleeding:

Above rectus sheath Below rectus sheath Intra-abdominal

Focus of infection/abscess:

Above rectus sheath Below rectus sheath Intra-abdominal

Other:

Generalised or pelvic peritonitis Damage to bladder or bowel
Retained foreign object Retained products of conception Negative laparotomy
Other

If Other, please specify _____

6a.13 Please list the procedures carried out during the re-exploration?^{7*}

6a.14 Did the woman decline blood products during re-exploration? Yes No

If No, were blood products given? Yes No

6a.15 Was the major obstetric haemorrhage pathway activated during re-exploration? Yes No

6a.16 What was the estimated blood loss during the re-exploration? ml

6a.17 Details of Invasive monitoring utilised for the re-exploration?

No invasive monitoring Arterial line Central Line Other

If Other, please specify _____

6a.18 Did the woman have any more subsequent re-explorations? Yes No

If Yes, specify the date(s) of the further re-explorations and procedure performed?^{7*} _____

6a.19 Did the woman receive level 2 (HDU) care following re-exploration? Yes No

6a.20 Did the woman receive level 3 (ITU) care following re-exploration? Yes No

6a.21 Did the woman require any mechanical ventilatory support following re-exploration? Yes No Not known

6a.22 Did the woman require any vasopressor or inotropic drug infusion in HDU or ITU? Yes No Not known

6a.23 Did any other major maternal morbidity occur?^{8*} Yes No

If Yes, please specify _____

6a.24 Has the woman been discharged from the hospital? Yes No

If Yes, please insert the date of discharge / /

6a.25 Did the woman die? Yes No

If Yes, please specify date of death / /

What was the primary cause of death as stated on the death certificate?
(Please state if not known.) _____

Section 6b: Infant 1

NB: If more than one infant, for each additional infant, please photocopy the infant section of the form (**before filling it in**) and attach extra sheet(s) or download additional forms from the website: www.npeu.ox.ac.uk/ukoss

6b.1 Date and time of delivery

D	D	/	M	M	/	Y	Y	h	h	:	m	m
---	---	---	---	---	---	---	---	---	---	---	---	---

24hr

6b.2 Birthweight

						g
--	--	--	--	--	--	---

6b.3 Was the infant stillborn?

Yes No

6b.4 5 min Apgar

--	--

6b.5 Was the infant admitted to a Neonatal Intensive Care Unit?

Yes No

6b.6 Did any other major infant complications occur?^{9*}

Yes No

If Yes, please specify _____

6b.7 Did this infant die?

Yes No

Section 7:

Please use this space to enter any other information you feel may be important

Section 8:

Name of person completing the form _____

Designation _____

Today's date

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

You may find it useful in the case of queries to keep a copy of this form.

Definitions

1. UK Census Coding for ethnic group

WHITE

01. British
02. Irish
03. Any other white background

MIXED

04. White and black Caribbean
05. White and black African
06. White and Asian
07. Any other mixed background

ASIAN OR ASIAN BRITISH

08. Indian
09. Pakistani
10. Bangladeshi
11. Any other Asian background

BLACK OR BLACK BRITISH

12. Caribbean
13. African
14. Any other black background

CHINESE OR OTHER ETHNIC GROUP

15. Chinese
16. Any other ethnic group

2. Previous or current pregnancy problems, including:

Thrombotic event
Amniotic fluid embolism
Eclampsia
3 or more miscarriages
Preterm birth or mid trimester loss
Neonatal death
Stillbirth
Baby with a major congenital abnormality
Small for gestational age (SGA) infant
Large for gestational age (LGA) infant
Infant requiring intensive care
Puerperal psychosis
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

3. Examples of other previous uterine surgery:

Myomectomy
Endometriosis surgery
Endometrial resection/ablation
Septal resection
Polypectomy

4. Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. hypo or hyperthyroidism
Psychiatric disorders

Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Autoimmune diseases
Cancer
HIV

5. Estimated date of delivery (EDD):

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

6. RCA/RCOG/CEMACH/CNST Classification for urgency of caesarean section:

1. Immediate threat to life of woman or fetus
2. Maternal or fetal compromise which is not immediately life-threatening
3. Needing early delivery but no maternal or fetal compromise
4. At a time to suit the woman and maternity team

7. Surgical procedures:

Drainage of haematoma above rectus sheath
Drainage of haematoma below rectus sheath
Drainage of haematoma in abdomen/pelvis (state site):
Drainage of abscess/infected collection above rectus sheath
Drainage of abscess/infected collection below rectus sheath
Drainage of abscess/infected collection in abdomen/pelvis (state site)
Bleeding vessel identified & tied off/repared (state site)
Hysterectomy
Repair of organ damage (state organ – e.g. small bowel, large bowel, bladder, ureter)

8. Major maternal medical complications, including:

Persistent vegetative state
Cardiac arrest
Cerebrovascular accident
Adult respiratory distress syndrome
Disseminated intravascular coagulopathy
HELLP
Pulmonary oedema
Secondary infection e.g. pneumonia
Renal failure
Thrombotic event
Septicaemia
Required ventilation

9. Fetal/infant complications, including:

Respiratory distress syndrome
Intraventricular haemorrhage
Necrotising enterocolitis
Neonatal encephalopathy
Chronic lung disease
Severe jaundice requiring phototherapy
Major congenital anomaly
Severe infection e.g. septicaemia, meningitis
Exchange transfusion