

# One Day Discharge After Cesarean Section, Madagascar (10 Cases)

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## Abstract:-

### ➤ *Introduction:*

During the epidemic of measles which raged from December 2018 to July 2019, parturients would like to go home as soon as possible. Our aim is to show the feasibility of the discharge one day after caesarean operation.

### ➤ *Methods :*

A prospective descriptive study was conducted within the complex Mother-Child Hospital Military Antsiranana 01st February to 15th July 2019 (six months). Parturients operated for a Caesarean section, under spinal anesthesia, 18 to 35 years, agree the enhanced recovery after caesarean section were included. Non-autonomous women in labor and hospitalization of the newborn the day after surgery were the exclusion criteria. The protocol included respect for the fasting, fluid restriction, multimodal analgesia, early feeding and remove catheters and the mobilization. Nurses followed up every two days. The results are expressed as median (25-75 interquartile) or number.

### ➤ *Results:*

Of 74 caesarean sections, 10 cases were discharged one day (14%). The median age was 26 (23-32). Preoperative fasting was observed. Spinal anesthesia was using isobaric bupivacaine, fentanyl and morphine. The amount of Ringer's lactate was 500 ml. In postoperative recovery room, Multimodal analgesia was taken orally. The venous cannula and urinary catheter were removed. Drinks and light food were eaten one and four hours after surgery. The mobilization was started in the sixth postoperative hour. The pain was minimal until the tenth day. No readmission or complications have been identified during follow-up.

### ➤ *Conclusion:*

Discharge one day after cesarean is applicable without increased complications or readmission.

**Keywords:-** Caesarean, Stay, Early Rehabilitation.

## I. INTRODUCTION (HEADING 1)

The average duration after cesarean section is between 96 to 120 hours [1]. But in United Kingdom, 32% of patients go home next day after surgery [2]. In Madagascar, no study has been performed on this discharge. In the complex service of the mother-child Antsiranana military hospital, enhanced recovery after caesarean has been introduced since November 2018. From December 2018 to July 2019, there was an epidemic of measles in the whole island. Parturients would like to leave hospital quickly for fear of being contaminated. Our aim is to show the feasibility of the discharge the day after Caesarean section in our service.

## II. METHODS

This study was carried out in the complex mother-child of the Military Hospital of Antsiranana. This was a descriptive prospective study over a period of 06 months, from February 2019 to 15 July 2019. The inclusion criteria were women aged 18 to 35, carried out for a planned caesarean section or emergency delayed more than 37 weeks of amenorrhea, ASA 1 or 2, wanted to leave the day after surgery. The non-autonomous woman in labor, the admission of the newborn neonatology, unable to contact their physicians or the hospital are excluded in this study. A midwife followed the woman giving birth every 2 days until the eleventh days. Preoperatively, the protocol included go to hospital same day of planned caesarean section, respect for preoperative fasting, cefazolin 2 g, ranitidine 200 mg and 8 mg dexamethasone were given. Intraoperatively, anesthetics mixtures are composed of isobaric bupivacaine, fentanyl and morphine. Ringer lactate did not exceed 500 ml. Oxytocin is administered after cord clamping, and ondansetron at the end of the intervention. The contact skin-to-skin mother-newborn was encouraged. A postoperative recovery room, multimodal analgesia (paracetamol 1000mg \* 3 mg ketoprofen LP 100 \* 2) from oral was given, drinks in unlimited quantities and light supply to the first and the fourth hour. The peripheral vein is obstructed and the urinary catheter is removed before the release of postoperative recovery room. They are mobilized at the sixth hour. Venous thromboembolism is prevented using

enoxaparin subcutaneously day and the day after cesarean section and active mobilization. The data are stored in the Microsoft Excel software 2016. The results are expressed as median (25-75 interquartile) for quantitative variables, the number (percentage) for discrete variables.

### III. RESULTS

Of 74 caesarean sections, there were 10 cases (14%). The median age was 26 years (23-32). The gestational age of 39 weeks of amenorrhea (37- 39). The median gravidity was 2 (2-3). The indications were previous cesarian section in 04 cases, 02 cases had difficult vaginal birth and bloodless placenta praevia, 01 cases of contracted pelvis and position of fetus. Preoperative fasting was observed. Each received cefazolin, ranitidine and dexamethasone. All the women were received spinal anesthesia. After cord clamping, each received oxytocin and newborn mother had contact skin-to-skin. At the end of the intervention, they took ondansetron. Multimodal analgesia orally, drinks are made with postoperative recovery room. The peripheral venous and urinary catheters were removed. Light diet was started and the active mobilization. Enoxaparin was injected subcutaneously on the day and the day after surgery. All newborns were good health. Maternal breastfeeding were exclusively. The pain was minimal until the eleventh day. No woman has called the service or physician. No readmission or complications have been identified during follow-up.

### IV. DISCUSSION

This study reported the feasibility discharge next day after cesarean with a success rate of 14%. There was no readmission or complications.

The success rate was 14%: This study was comparable to Wrench et al. [3] Aluri et al showed a lower rate than ours (4%) [4]. No French study has been published on this early discharge [5,6]. Some authors reported a rate of 32% to 76% after introduction of early feeding, removal of the bladder catheter, mobilization, multimodal analgesia [2,7,8]. Coates et al reported on 30 obstetricians units, 27 (90%) have released the day after cesarean section. This difference could be explained by the resistance to local practice [9].

In this study, there were no complications [8] against 0.7% to 4.4% [3,10]. One day compared two days shows no difference risk of complications or admissions [10].

This single-center study was the first published in Madagascar. Our research will focus on increasing the proportion of women discharge one day after cesarean section and popularize the practice nationally and regionally.”

### V. CONCLUSION

One day discharge after surgery was feasible in our service, without increasing readmission or complications through early rehabilitation and good organization. This preliminary study should be continued in order to change the practical attitude during cesarean section.

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