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Study on the association of low backache and co-morbid diseases with multiplicity of caesarian sections

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ABSTRACT

Introduction: cesarean section [cs] is surgical procedure used to deliver babies that is medically indicated to prevent maternal and neonatal mortality.

Material and Methods: It was an observational study. A total 182 women were taken in the study above 20 years age.

Aim of the study: to know the association of low backache and co morbid diseases with repeated caesarian sections

Results: Most common presenting symptom is low back Ache, joint pains and body pains. Generalized weakness and Inability to attend their routine work among women with history of fibromyalgia and irritable bowel syndrome and duodenal ulcer are most common associated co morbid disease in first and second cs.

Conclusion: first and second cs and there co morbid disease has its own effect on the life of women if done for benign lesions and medically manageable complaints .

Complaints can be prevented if cs are planned selectively for indicated reasons

Keywords: cs

INTRODUCTION

Once upon a time in the last century, the modern cesarean delivery was begun to reduce the maternal and newborns complications, morbidity and mortality [1]. Unfortunately nowadays, however, undergoing cesarean is not used only when necessary and only to save the mother and the baby; rather, it is gradually being assumed as something luxurious by some communities [2]. In almost all of the scientific resources, the expected rate of cesarean delivery is considered as low as 13%, and according to the World Health Organization documents, it is

recommended to be as low as 15% [3]. Those documents also report the average rate of cesarean delivery in recent years has increased by 10-15% in the entire world's countries. Some studies show that the probability that a woman undergoes a cesarean is 3 times more than that of 20 yr ago [4]. The increasing caesarean section (C-section) has also been different in different countries [5], such that for developing countries it is much more than for developed ones. For example, caesarean rate in Brazil, Chile and China has increased up to 40-42% [6, 7]. While, the rate of cesarean in Iraq been reported from 26-66.5% by various studies and as 87% by some private centers [8, 9]. Cesarean delivery is carried out due to such various reasons as pregnancy at higher ages, lower number of a woman previous pregnancies, obesity, fetal distress, etc. [10, 11]. The most common reason cited for cesarean delivery in Iraq, unlike the above mentioned reasons, is the previous cesarean [12]. So, the main reason for the high rates of cesarean in Iraq is an increased Incidence of elective cesareans which are operated with no etiology just upon the patients' request. According to some investigations, the main reason of elective cesareans in Iraq is the fear of labor's pain [8, 13]. However, there are also other factors which affect the excessively increasing rate of cesarean in Iraq such as people's education, occupation, age, and place of residence [14, 15].

Cesareans without indications, as compared to Normal Vaginal Delivery (NVD), would bring about many complications for both mother and the baby [16, 17]. In addition, the results of studies in the UK have shown that the risk of maternal death caused by cesarean delivery is 3 times more than that of NVD [18]. Many people think there is more probability of newborns health in case of cesarean, while studies have shown that the risk of death in newborns by cesarean is 4 times as much as newborns born by NVD [19]. The most serious complications

for the babies born by cesarean are fetal respiratory problems such as Transient Tachypnea (TTN) and Respiratory Distress Syndrome (RDS), surgical blade cuts, and increased rates of newborns admission in the neonatal intensive care unit [20-22]. Also, experts believe that 1 min Apgar score of the newborns by cesarean is less than that of the newborns by NVD [23].

Low back pain is common during pregnancy and also after delivery. According to most studies, at least half of the pregnant population is affected [24]. Persistence of low back ache for at least 6 months after delivery has been reported in 5% to 40% of patients [25]. The etiology is poorly understood [26]

PATIENTS AND METHODS

This was retrospective observational study carried out from 1st of November 2020 to 15 of January 2021. The women age included in study was above 20 years. For each woman may have one to five as the number of patients included in study was 183 patients, all of them have no history of surgical interference apart from cs. And no history of low back aches before operations.

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The number of patients included in study was 183 patients, all of them have no history of surgical interference apart from cs. And no history of low back aches before operations.

Inclusion criteria:

Women who underwent c/s from 20 years of age

Exclusion criteria:

Any other surgical interference other than c/s

STATISTICAL ANALYSIS

Statistical analysis was done by expressing and comparing The results in percentages.

RESULTS

Between 1st of November 2020 to 15 of January 2021, 182 cases of patients are consulting rheumatology clinic for their low back ache and with history of low back ache.

the back ache was not a Presenting symptoms before cs

On observation of out of 183 patients evaluated women Were undergone cs at an age of 20 years and above the frequency of operations was from one to five for each patient.

CS	number	%
1	88	48.87
2	45	24.59
3	23	12.56
4	19	10.38
5	8	4.371
	Total183	%100

Patients presenting With symptoms at a period from 6 month to many years from the date of surgery.

Causes of backache	H1	2	3	4	5
Discogenic	5	2	7	3	4
Osteoarthritic	12	5	6	6	0

Osteoporotic	15	11	9	6	2
Muscle sprained	9	7	1	1	0
Trauma	4	2	0	3	2
House wife	69	29	14	11	0
Associated disease	47	29	10	8	7

Associated diseases	C1	2	3	4	5
Irritable bowel	23	10	4	3	0
Duodenal ulcer	19	12	5	5	3
Fibromyalgia	7	7	1	0	4

DISCUSSION

In our study we have taken 2 months and half to many years as cutoff age to observe The side effects of CS, as most of the population Who underwent CS were above 20 years until menopause.

In our study, in around 48 % of women with one cs are vulnerable to low back ache which was above 20 years of age denoting multifactorial causes of low back ache like lithotomy postion,prolonged bed rest and decreased movement type of anaesthesia,pelvic pain prior to surgery.

In our study post cs presenting symptoms were Generalized like body pains, joint pain Indicating osteopenia and calcium women amounting to half of the population studied.

The study compared with other study the prevalence of low back ache was 56.67% as compared to normal vaginal delivery 33.33% [27] but with associated medical condition Other study showed elective cs increase low back pain 3-4 fold [28] , Other study the low back ache was 77.3 % [29] As compared with other study low back pain was 60% after 8 months of cs [30]

CONCLUSION

It is observed that most of the cs at younger Age done in by different practitioners for varies Indications were done for benign medically treatable Conditions, causing long term disability of women.

Most of the women were unable to attend their routine duties Abstain from work due to body pains, generalized weakness And orthopedic complaints due to hormonal deficiencies.

All the above problems which most of the women were Facing can be avoided by restricting cs and By performing them for valid indications Most of the Associated comorbidity can be avoided by treating benign conditions Medically and by conservative methods before and after.

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