

5 INTRAPARTUM CARE

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5.5 Removal of a Cervical Suture
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

5.5 REMOVAL OF A CERVICAL SUTURE

PURPOSE

To release an artificial stricture of the cervix i.e. a suture

BOOKING AND ADMISSION

The booking of the procedure is made in liaison with the Labour & Birth Suite Co-ordinator. A suitable time is then booked for the women to attend in the Labour and Birth Suite.

EQUIPMENT

- Lithotomy poles
- Sterile gown and gloves
- Cusco's speculum
- Cervical suture removal scissors
- Extra pair of Rampley's forceps
- Nitrous oxide and oxygen supplies

PROCEDURE

The removal of the cervical suture is performed by the Registrar or Fellowship Registrar on duty. The Resident Medical Officer may be required to assist at the procedure.

1. Explain the procedure and obtain maternal consent.
2. Place the woman in the lithotomy position with a wedge under the right buttock.
3. Offer and administer Nitrous oxide and oxygen to the woman as required.
4. Insert the Cusco's speculum to visualise the suture.
5. Gently clasp the knot.
6. Cut and remove the suture.
7. Reposition the woman in the left lateral position.

POST PROCEDURE

1. Perform a CTG.
2. Perform 15 minutely observations for one hour of:
 - vaginal loss
 - uterine activity
 - fetal heart rate
3. If no abnormalities are found for 1 hour post procedure, the woman may be discharged at the Obstetric Medical Teams discretion.
4. Inform the woman to contact KEMH if she experiences any abnormalities e.g. bleeding, signs of infection or premature rupture of the membranes.