



OBSTETRICS AND GYNAECOLOGY
PROCEDURE

Cervical cerclage: Post-insertion nursing observations and suture removal medical procedure

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH

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Cervical cerclage insertion: Post-operative nursing care

Aim

To provide details on nursing care provided to a woman following cervical cerclage.

Procedure

1. Observations are to be performed as per [Recognising and Responding to Acute Physiological \(Clinical\) Deterioration](#) WNHS Policy (including routine antenatal observations and fetal heart rate (FHR) auscultation if >20 weeks gestation). For observation frequency and routine postoperative care see:
 - **Day surgery patients:**
 - Perioperative Services guideline: [Day Surgery Unit Management of Patients](#): 'Post-operative care' (refer to section with method of anaesthesia used)
 - **Patients admitted to Ward 6 following procedure:** As per clinical guideline, [Perioperative Preparation and Management](#): 'Care following surgery for gynaecology, oncology, urogynaecology'.
2. Observe vaginal loss closely and report any contractions, excessive blood loss or any amount of clear fluid (amniotic fluid) to the Medical Officer.
3. Report any change in fetal movements.
4. Mobilise according to routine post-regional or general anaesthetic guidance or as specified by the surgeon.



Cervical suture removal

Aim

- To remove the cervical suture

Key points

1. The removal of the cervical suture is performed by the Registrar or above.
2. To book a cervical suture removal on LBS: Medical staff place the booking directly into the IOL file.
 - The IOL file is in EWC 0800-1330, outside of those times it is in LBS

Equipment

- Sterile pelvic pack
- Sterile gloves and other appropriate PPE
- Cusco's speculum
- Cervical suture removal scissors
- Rampley and or Kocher forceps
- Nitrous Oxide and oxygen (for pain relief as required)

Prior to procedure

1. Medical Officer to obtain consent for procedure
2. Assemble equipment and determine pain relief requirements
3. Auscultate FHR
4. Request woman empties bladder
5. Position woman in lithotomy position with wedge under right buttock

Following procedure

1. Perform CTG
2. Perform 15 minutely observations for one hour of:
 - Vaginal loss
 - Uterine activity
 - FHR
3. One hour post removal of suture if the CTG is normal and there are no other clinical concerns the woman may be discharged with planned follow-up.
 - When discharged home inform the woman to contact the hospital if she has any concerns, feels unwell, experiences any PV loss or decreased fetal movements.









Related WNHS policies, procedures and guidelines

WNHS Policy: [Recognising and Responding to Acute Physiological \(Clinical\) Deterioration](#)

Obstetrics & Gynaecology clinical guidelines:

- [Perioperative: Preparation and Management](#):
 - Care following major surgery for gynaecology, oncology, urogynaecology
- [Rupture of membranes- spontaneous](#):
 - Preterm prelabour rupture of membranes (PPROM): 23-37 weeks: PROM Medical and Midwifery Management: Section - 'Cervical Cerclage'
 - Term: Prelabour ROM: Section- 'Special Cases- Cervical Suture'

Perioperative Services guideline: [Day Surgery Unit Management of Patients](#): 'Post-operative care'

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Version history

Version number	Date	Summary
1	Oct 2021	First version. <ul style="list-style-type: none"> • Post-insertion: Option for DSU added • Post-insertion: Mobilise according to routine post-regional or GA guidance or as specified by the surgeon • Booking process added for suture removal on LBS

		<p>History: In Oct 2021 amalgamated two individual guidelines on cervical cerclage dating from Sept 2001.</p> <p>Supersedes:</p> <ol style="list-style-type: none">1. Cervical Cerclage (dated May 2016)2. Cervical Suture Removal (dated Feb 2018)
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