

Cervical Cerclage



What is a cerclage?

A cervical cerclage is a procedure used to suture, or stitch, the cervix closed during pregnancy to prevent miscarriage or a premature birth.

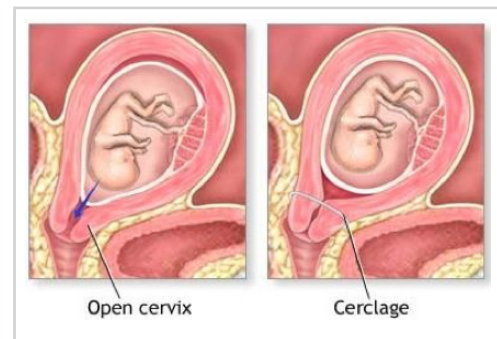
Why is a Cervical Cerclage done?

The cervix is the lower part of the uterus that opens to the vagina. During pregnancy, the rigid cervix helps to keep the fetus inside the uterus. As the pregnancy progresses, the cervix softens in preparation for birth. If the cervix does not stay closed until the baby is full term, a miscarriage or premature birth may occur. A cervical cerclage may help to keep the cervix closed until the baby is considered full term.

Who should have a Cervical Cerclage?

Women with a weak or “incompetent” cervix are candidates for a cervical cerclage. This condition may cause the cervix to dilate painlessly without contractions before the baby is full term, typically between 16-24 weeks of pregnancy. Causes of a weak cervix may include the following:

- Women with a history of premature delivery (18-22 week delivery)
- Women with a short cervix, seen on an ultrasound
- Women with prior surgery or damage to the cervix
- Daughters of women who took DES, a hormone used to prevent miscarriage



How is a Cervical Cerclage done?

A cerclage is performed under anesthesia in the hospital. Generally, it is done during the second trimester of pregnancy (12-20 weeks). You may stay in the hospital for a day or two after the surgery if it is done as an emergency, which means you are already dilated. You may go home the same day if the cerclage is done electively, about 12-14 weeks. Your hospital stay depends on the type of stitch and on your pregnancy health. You doctor will discuss this with you.

During a cervical cerclage, an instrument known as a speculum is lubricated and inserted into the vagina. The speculum is gently opened to spread the walls of the vagina and allow access to the cervix. A needle will then be used to place stitches around the outside of your cervix and the ends of the sutures will be tied to close your cervix.

A cervical cerclage is typically removed when the baby is considered full term at 36-37 weeks of pregnancy.

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Cervical Cerclage *continued*



What do I need to do for my prenatal care if I have had a cerclage?

You can typically return to normal activities within a few days of the procedure and will have regular visits with your doctor. If the procedure was completed emergently, you may be required to rest longer and refrain from sexual intercourse.

Rest: The first few days after your surgery you will need to rest most of the day. Please only get out of bed for something to eat or to go the bathroom. If the cerclage is placed early and electively, you can usually return to normal activity within a few days. If it is done as an emergency procedure (you were dilated and your cervix shortened) you will need to be on bed rest for a longer period of time.

Work: You, generally, can return to work within a few days if the cerclage was an electively procedure. If it was performed as an emergency procedure, after you dilated, you may need to be out of work for an extended period of time. Talk to your doctor about your work schedule. She will advise you when you should return to work.

Sexual Activity: All sexual activity and breast stimulation should be stopped if the cerclage was performed under emergency conditions. Talk to your doctor and ask advice. She will guide you through all steps and phases of your prenatal care.

Prenatal Visits: Visits to your doctor or CAFC (The Center for Advanced Fetal Care) will be every 1 - 3 weeks. Your cervix may be checked more frequently. Ultrasounds will tell your doctor if you cervix is getting shorter but may not be able to tell if your cervix is dilating. It is important to come to every appointment.

What should I do after a Cervical Cerclage?

You typically can return to normal activities within a few days of the procedure and will have regular visits with your doctor. If the procedure was completed as an emergency procedure, you may be required to rest longer and refrain from sexual intercourse.

Patients should call their doctor if they experience signs of preterm labor, including the following:

- Cramping, contractions or tightening
- Pressure in the lower back, abdomen or backache
- Excessive vaginal bleeding or discharge
- Foul smelling vaginal discharge
- Water break

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