

## SUMMARY

The study was done to evaluate the benefit of a new procedure of caeserean section (Misgav Ladach) introduced in our unit in 1998, by comparing its intra- operative and postoperative outcomes to those of routine (Traditional) caeserean section procedure performed in majority of hospitals in Kenya. This study was justified by the fact that the number and rate of caeserean section is increasing in our hospitals yet facilities and time remain constant. Moreover the techniques used in performing a caeserean section currently have never been validated scientifically.

A prospective randomized trial of 214 women undergoing caeserean section at Pumwani Maternity Hospital was carried out: 107 were randomized to the Misgav Ladach group and 107 to the traditional method group. The principal investigator performed all the caeserean sections over one year period. Intra-operative and postoperative outcomes were then recorded. The data was analyzed using statistical package for social sciences (spss/pc+), chi-square student's t-test and Mann-Whitney u test.

Operating and hospital stay time for patients in the new method group was significantly shorter. Surgical consumables use and oral analgesics consumption was significantly less for the new method group than in the traditional method group. There was no significant difference between febrile morbidity, wound sepsis, blood loss and transfusion requirements between the 2 groups. The incision used for the new method was found to be acceptable to the women who came for review from this treatment group. Patients in the new method group had less postoperative pain on the second day of operation than those in the traditional method group.

**CONCLUSION:** These findings conclusively show that the Misgav Ladach method of caeserean section is as safe as the traditional method. It was noted to reduce operation time by 28%, sutures use was reduced by 37%, gauze rolls use was reduced by 22%, duration of hospital stay was reduced by 18% and oral analgesic use was reduced by 20.3%. Though pain assessment was not done from 0-23 hours, the new method was noted to have less post operative pain on the second day after operation. As a results of all these it reduces exposure to anaesthetics, reduces the anaesthetist's time, Surgeon's time as well as his assistant, ward workload is less and the operated women find comfort of breast feeding in a seated position earlier. The new method did not offer significant advantage as far as minimizing wound infections was concerned.