

Kofinas Perinatal

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Cervical Cerclage: Important Patient Information

What is cervical cerclage?

Cervical cerclage is a surgical procedure used to keep the cervix closed during pregnancy. The cervix is the opening of your uterus and remains closed and long until the end of the pregnancy.

When is it used?

Cervical cerclage is used to prevent a miscarriage or premature delivery if you have an incompetent cervix. An incompetent cervix is a cervix that opens too early in a pregnancy. Stitching around the cervix helps keep it closed as the baby grows. The procedure may be used if you have a history of miscarriages during the second trimester of pregnancy, premature cervical changes, and a combination of weak cervix and labor.

Usually cerclage is performed during the fourth month of pregnancy when done electively and any time up to 28 weeks if necessary when done for emergency reasons.

An alternative treatment for incompetent cervix is bed rest that may last for several months. However, this is not a proven treatment and most researchers believe that cerclage with or without bed rest is a better choice.

How do I prepare for the procedure?

You will be given a general, spinal, or epidural anesthetic (We prefer spinal anesthesia). Your doctor will then stitch a band of strong thread around your cervix and tighten it to hold the cervix firmly closed. The most widely used procedure is the McDonald type with two sutures placed around the upper part of the cervix. If you receive any blood thinners, such as, Lovenox or Heparin, you must notify your physician in advance because you will need to discontinue their use one or two days prior to the procedure. You should not eat anything after midnight the day before the procedure. If you take any medicine, you may take it with just a little water up until 6 am the day of the surgery.

What happens after the procedure?

This is an outpatient procedure and you go home the same day. Rarely, it may become necessary to stay overnight if you develop any contractions (cramping) or have any discomfort that requires hospitalization.

Your doctor may give you medicine to reduce the chance that the procedure will start premature labor. At home, you must rest frequently in bed throughout the remainder of your pregnancy and avoid any strenuous activity. Ask your doctor when you can have sexual intercourse again.

How long is the cerclage thread left in?

The thread is usually left in your cervix until your ninth month. Your doctor may cut the thread

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when labor starts or at about the 37th to 38th week so you can deliver your baby normally. Labor may not start right away and as a rule, it does not. In rare occasions in patients with severe cervical incompetence and surgically short cervix, a successful cerclage is left in place and the patient is delivered by cesarean section. This is very important for patients with severely short cervix (no visible cervix in the vagina) in whom placing a new cerclage may not be as easy and/or as successful as the first one.

What are the benefits of this procedure?

Cervical cerclage prevents miscarriage or premature delivery caused by cervical incompetence. The procedure is successful in 85 percent to 90 percent of cases. The success rate in our experience is greater than 95%. Having a cerclage once does not mean you will have to have one with every subsequent pregnancy.

What are the risks?

There are some risks associated with general anesthesia. If you are to have general anesthesia, discuss these risks with your doctor. However, spinal anesthesia is less complicated, safer and much preferable.

- The procedure may stimulate premature labor (very rare in our experience).
- The cervix may become infected, which could cause fever, chills, or a bad smelling discharge. This is usually due to preexisting cervicitis (chronic infection of the cervical canal).
- A vaginal fistula (an abnormal passage from the vagina to another organ) may develop. In our experience, no patient ever developed vaginal fistula in over 20 years.
- In a number of patients, the creation of scar tissue around the suture may prevent cervical dilation during labor and lead to cesarean section.

All of the above complications occur rarely.

When should I call the doctor?

Call your doctor if you have:

- Regular contractions
- Lower abdominal or back pain that comes and goes like labor pains
- Vaginal bleeding that seems to be more than your doctor has told you to expect
- A fever over 100.5⁰ F (38⁰ C)
- Chills
- A bad-smelling vaginal discharge