

OP12

CERVICAL CERCLAGE SHOULD BE PERFORMED BY UROGYNAECOLOGIST?

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Background:

Historically cervical cerclage has been offered to treat cervical insufficiency for over 60 years by Obstetricians (1). One of the reasons for its continuous use is the lack of reliable evidence to support an alternative. As a result of the NIHR funded C-STICH research program our cerclages are performed almost exclusively by urogynaecologists as part of a dedicated integrated pre term birth team.

We prefer to use Shirodkar technique. There are several indications for Shirodkar cerclage such as shortened cervix less than 1 cm, previous Shirodkar or failed McDonald. As urogynaecologists we are more confident with vaginal surgery and provide a deeper dissection to reflect bladder as high as we can do reach the level of internal os. Same we do at the posterior aspect to reflect the rectum. As a result, suture is potentially placed deep at the level on internal os.

This is video of cerclage placement. The suture material is Mersilene tape, knot placement is posteriorly to avoid erosion of the knot into the bladder. We also use monofilament suture. Our hypothesis on type of suture material for cervical cerclage led to pilot feasibility study called COTS (2) and later to NIHR grant to run RCT called C-STICH which compared two types of surgical material for cerclage (3).

Methods:

Retrospective review of the cases performed

Results:

359 women were referred and performed 918 scans during financial year 2022-2023 . Most common indication for referral was previous treatment to cervix- 28% of referrals. We had 5 pregnancy losses. Preterm birth reduced from 24% to 17%. Of the preterm births 60% (34/57) were spontaneous onset and 40% (23/57) were iatrogenic. Therefore, correcting for intervention, the reduction was from 24% to 9.4%.

Conclusion:

We believe that urogynaecologists should be placing cerclage as it improves pregnancy outcome.

References:

1. The Lancet. Preterm birth: what can be done? Lancet 2008; 371: 2
2. Israfil-Bayli F et al. Cerclage outcome by the type of suture material (COTS): study protocol for a pilot and feasibility randomised controlled trial. Trials. 2014 Oct 27;15:415. doi: 10.1186/1745-6215-15-415. PMID: 25348257; PMCID: PMC4221668.

3. Hodgetts Morton V et al. Monofilament suture versus braided suture thread to improve pregnancy outcomes after vaginal cervical cerclage (C-STICH): a pragmatic randomised, controlled, phase 3, superiority trial. *Lancet*. 2022 Oct 22;400(10361):1426-1436. doi: 10.1016/S0140-6736(22)01808-6. PMID: 36273481.