







# СҰРАҚ:

**□** *Жүкті әйелдерге Джозел Кохен бойынша кесар тілігін жасау төменгі ортаңғы лапаротомиямен салыстырғанда тез жазылуы бола ма?*

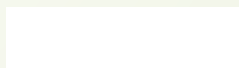


**Р**



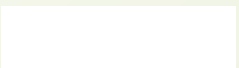
***ЖҮКТІ ӘЙЕЛДЕР***

**І**



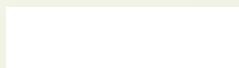
***ДЖОЭЛ КОХЕН БОЙЫНША КЕСАР ТІЛІГІ***

**С**



***ТӨМЕНГІ ОРТАҢҒЫ ЛАПАРОТОМИЯ***

**О**



***ОПЕРАЦИЯДАН КЕЙІН ТЕЗ ЖАЗЫЛУ***









**Дизайн:** РКИ ашық

**Таңдау:** кездейсоқ

**Критерии включения:** жүкті әйелдер 20-35 жасар, ИМТ 25 тен аспайтын, жолдамамен барған

**Критерии исключения:** жүкті әйелдер 35 тен жоғары, ИМТ 25 тен жоғары, жолдамасыз барған.

## Этикалық аспектілері:

- Этикалық комитетпен рұқсат етілді
- ақпараттандырылған келісім алынды қажет ақпаратты толық ашып көрсетумен
- қауіп төндірмеу
- кез келген уақытта зерттеуден бас тартуға құқық
- жүкті әйелдер-уязвимая группа
- іс-әрекет науқастың қызығушылығында
- науқас және қоғам үшін пайдалы



**Caesarean section surgical techniques: 3 year follow-up of the CORONIS fractional, factorial, unmasked, randomised controlled trial.**

*CORONIS collaborative group, Abalos E, Addo V, Brocklehurst P, El Sheikh M, Farrell B, Gray S, Hardy P, Juszczak E, Mathews JE, Naz Masood S, Oyarzun E, Oyieke J, Sharma JB, Spark P.*

**Collaborators (28)**

*Abalos E, Addo V, Brocklehurst P, El Sheikh M, Mathews JE, Naz Masood S, Oyarzun E, Oyieke J, Sharma JB, Ashworth F, Brocklehurst P, Chippington Derrick D, Cousens S, Farrell B, Juszczak E, Neilson J, Purwar M, Roberts M, Waddington C, Brocklehurst P, Farrell B, Gray S, Hardy P, Howard S, Jamieson N, Juszczak E, Spark P, Roberts T.*

**Abstract**

**BACKGROUND:**

*The CORONIS trial reported differences in short-term maternal morbidity when comparing five pairs of alternative surgical techniques for caesarean section. Here we report outcomes at 3 years follow-up.*

**METHODS:**

*The CORONIS trial was a pragmatic international  $2 \times 2 \times 2 \times 2 \times 2$  non-regular fractional, factorial, unmasked, randomised controlled trial done at 19 sites in Argentina, Chile, Ghana, India, Kenya, Pakistan, and Sudan. Pregnant women were eligible if they were to undergo their first or second caesarean section through a planned transverse abdominal incision. Women were randomly assigned by a secure web-based allocation system to one intervention from each of the three assigned pairs. All investigators, surgeons, and participants were unmasked to treatment allocation. In this follow-up study, we compared outcomes at 3 years following blunt versus sharp abdominal entry, exteriorisation of the uterus for repair versus intra-abdominal repair; single versus double layer closure of the uterus, closure versus non-closure of the peritoneum, and chromic catgut versus polyglactin-910 for uterine repair. Outcomes included pelvic pain; deep dyspareunia; hysterectomy and outcomes of subsequent pregnancies. Outcomes were assessed masked to the original trial allocation. This trial is registered with the Current Controlled Trials registry, number ISRCTN31089967.*

**FINDINGS:**

*Between Sept 1, 2011, and Sept 30, 2014, 13,153 (84%) women were followed-up for a mean duration of 3.8 years (SD 0.86). For blunt versus sharp abdominal entry there was no evidence of a difference in risk of abdominal hernias (adjusted RR 0.66; 95% CI 0.39-1.11). We also recorded no evidence of a difference in risk of death or serious morbidity of the children born at the time of trial entry (0.99, 0.83-1.17). For exteriorisation of the uterus versus intra-abdominal repair there was no evidence of a difference in risk of infertility (0.91, 0.71-1.18) or of ectopic pregnancy (0.50, 0.15-1.66). For single versus double layer closure of the uterus there was no evidence of a difference in maternal death (0.78, 0.46-1.32) or a composite of pregnancy complications (1.20, 0.75-1.90). For closure versus non-closure of the peritoneum there was no evidence of a difference in any outcomes relating to symptoms associated with pelvic adhesions such as infertility (0.80, 0.61-1.06). For chromic catgut versus polyglactin-910 sutures there was no evidence of a difference in the main comparisons for adverse pregnancy outcomes in a subsequent pregnancy, such as uterine rupture (3.05, 0.32-29.29). Overall, severe adverse outcomes were uncommon in these settings.*

**INTERPRETATION:**

*Although our study was not powered to detect modest differences in rare but serious events, there was no evidence to favour one technique over another. Other considerations will probably affect clinical practice, such as the time and cost saving of different approaches.*

**FUNDING:**

*UK Medical Research Council and the Department for International Development.*

# СҰРАҚ:

*Кесар тілігі кезінде теріге хромды кетгут пен полиглактинмен тігіс салумен салыстырғанда жазылуы тез бола ма?*



***P-кесар тілігінен кейінгі әйелдер***

***I-хромды кетгут***

***C-полиглатин***

***O-тез жазылу***

