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Cervical Cerclage in Neuropathy

Rehana CK*

Noth Eastern Hill University, Shilong, India

Cervical cerclage refers to a variety of procedures that use sutures or synthetic tape to reinforce the cervix during pregnancy in women with a history of a short cervix. The cervix is the lower part of the uterus that opens to the vagina. Your health care provider might recommend cervical cerclage if your cervix is at risk of opening before your baby is ready to be born or, in some cases, if your cervix begins to open too early.

Your health care provider might recommend cervical cerclage if your cervix is at risk of opening before your baby is ready to be born or, in some cases, if your cervix begins to open too early. However, cervical cerclage isn't appropriate for everyone. It can cause serious side effects and doesn't always work. Some women who have a cerclage placed for a short cervix might experience preterm labor. Understand the risks of cervical cerclage and whether the procedure might benefit you and your baby.

To report on our center's experience of a novel modified approach for laparoscopic cervical cerclage, and to perform a preliminary evaluation of its safety and efficacy of this approach preliminarily. A Retrospective descriptive study was done. Single academic institution study is well nutured in neuropathy. Pregnant and non-pregnant women who underwent the Modified Laparoscopic Transabdominal Cervical Cerclage with Transvaginal Removing (MLTCC-TR) from June 2016 to April 2019 were enrolled. Eligible participants had multiple adverse obstetric histories or the short cervix and were not suitable for a second transvaginal cerclage. Pre-conceptional or post-conceptional Modified Laparoscopic Transabdominal Cervical Cerclage with Transvaginal Removing (MLTCC-TR). Pregnancy outcomes including the incidence of term labor were defined as the primary outcomes. Neonatal survival, surgical morbidity, and perioperative complications were reviewed and evaluated as the secondary outcomes. Measurements and Main Results: A total of 24 participants (including 3 first-trimester singleton pregnant women) underwent the MLTCC-TR, giving birth to 27 infants. Among 21 cases women who underwent of preconception cerclage, there were 26 cases of post operational pregnancies were noted after the operation, and the incidence of term labor was 73.07%, which was significantly higher than that in the pre-cerclage group ($P < 0.001$). Their mean gestational age (GA) at delivery was 37.21 ± 5.05 weeks. Among the 3 cases of women who underwent post conceptional cerclage had term delivery, and the mean gestational age GA at cerclage was 10.90 ± 2.61 weeks, all of them had term delivery. The overall neonatal survival rate was 100% (27/27), of which and 81.48% (22/27) of the infants were term infants. There were no severe perioperative complications directly related to the insertion of cerclage. Our new approach of MLTCC-TR may be a relatively effective, feasible, and safe treatment for cervical insufficiency. It may be considered as an acceptable alternative to the traditional laparoscopic cervical cerclage givenwith its superiority with respect to of transvaginal cerclage removing.

After receiving a cervical cerclage, contact your health care provider immediately if you have leakage of fluid from your vagina, a sign of preterm premature rupture of membranes. Your health care provider will recommend removing the cervical cerclage early if you have preterm premature rupture of membranes or if you have symptoms that suggest a uterine infection.

If you had a trans abdominal cervical cerclage, you'll need to have another abdominal incision to remove the cerclage. As a result, a C-section is typically recommended. Your baby will be delivered through an incision made above the cerclage. During the C-section, you can choose to have the cerclage removed or leave it in place for future pregnancies.

***Corresponding author:** Rehana CK, Noth Eastern Hill University, Shilong, India, **Email:** ckrehana@yahoo.com

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