Transabdominal Cervical Cerclage

Whānau Information

What is a transabdominal cervical cerclage?

A transabdominal cervical cerclage is also known as a transabdominal cervicoisthmic cerclage and is often referred to as a TACC.

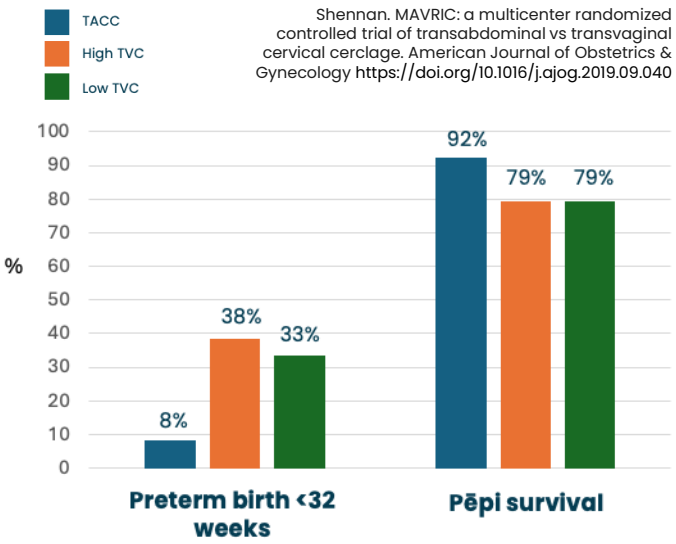
A transabdominal cervical cerclage is considered for wāhine/people where a transvaginal cervical cerclage has been ineffective or if they have a very short and/or scarred cervix making it difficult to place a transvaginal cervical cerclage. It is usually placed via an abdominal incision (**laparotomy**), similar to that of a caesarean section scar. It can also be placed by keyhole surgery (**laparoscopy**).

What are the benefits and risks of a transabdominal cervical cerclage?

The main benefit of the transabdominal cerclage is its high success rate, even for wāhine/people who have had multiple early preterm births and/or pregnancy losses and when a transvaginal cerclage has not worked. Recent evidence from a randomised trial called the MAVRIC Trial has confirmed this with lower rates of very early birth and higher chance of survival for those having a transabdominal cervical cerclage.

It is believed to be more successful as the cerclage can be placed at the level of the internal os (top of the cervical canal at the junction with the uterine wall). However, it requires more major surgery to place it and may impose some additional risks. It is therefore only used for those at the highest chance of spontaneous early preterm birth (<28 weeks).

Once a transabdominal cerclage is in place, it is less easy to remove than a transvaginal cerclage and so birth will be via a caesarean section.



Shennan. MAVRIC: a multicenter randomized controlled trial of transabdominal vs transvaginal cervical cerclage. American Journal of Obstetrics & Gynecology https://doi.org/10.1016/j.ajog.2019.09.040

Specific considerations

- Not all hospitals in Aotearoa New Zealand offer transabdominal cervical cerclage. You may be referred to another hospital for this procedure (you will still be able to have pregnancy care close to home)
- It will be planned for your pēpi to be born by caesarean section at 37 to 39 weeks
- The TACC can be left in place for use in future pregnancies
- Although unlikely to occur, it can be challenging to plan care for wāhine/people with a transabdominal cervical cerclage if there are complications like contractions and/or waters/membranes breaking late in the second trimester (16 to 23 weeks)
- If the transabdominal cervical cerclage is placed before pregnancy and you have fertility issues or decide not to continue trying for a pregnancy, then you may have had an unnecessary operation
- Fertility treatments can be done with a transabdominal cervical cerclage in place.

Timing of placement

A transabdominal cervical cerclage can be placed before pregnancy or early in pregnancy (10-12 weeks).

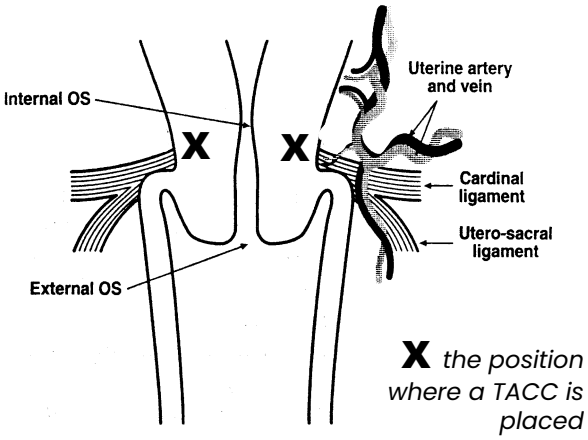
Advantages of placement in pregnancy:

- Risk for Down Syndrome and other chromosomal conditions can be assessed prior to placement
- No unnecessary surgery if pregnancy does not occur

Disadvantages of placement in pregnancy:

- Small chance of miscarriage
- Increased risk of bleeding

To reduce risk to pēpi and have the best chance of good positioning, it is usually recommended to place a transabdominal cervical cerclage before pregnancy whenever possible.



X *the position where a TACC is placed*

Procedure

The procedure is usually performed under general anaesthesia. If you are having a laparotomy to place the cerclage a cut will be made just above your pubic bone, similar to that used for a caesarean section. If you are having a laparoscopy three much smaller cuts will be made to provide access for the surgical instruments. Your bladder will be gently pushed out of the way and one or two stitches will be carefully placed around the internal os (top of the cervical canal where it meets the uterine wall). The incisions will then be repaired. You will usually have an absorbable stitch in the skin layer.

Recovery

You will likely be in the hospital for 1-2 nights (when done via laparoscopy you may be able to go home on the same day). The catheter in your bladder will be removed on the first day following the surgery and you will be given adequate pain relief so that you can mobilise. You will be able to eat and drink normally. Following the procedure, you should avoid heavy lifting or strenuous activity for 4-6 weeks to allow the incision to heal completely.

If the cerclage has been placed prior to pregnancy, we recommend waiting 2-3 months before trying to get pregnant.

Risks of the procedure

- Bleeding
- Infection (including wound infection and bladder infection as a urinary catheter will be placed at the time of surgery)
- Damage to the bowel, bladder, and ureters (tubes that connect the kidneys to the bladder) – rare
- Deep vein thrombosis or pulmonary embolism – rare
- Failure to prevent pregnancy loss

Other questions you may have about transabdominal cervical cerclage?

What is the ongoing care after a transabdominal cervical cerclage?

Your care in pregnancy should be via your local Preterm Birth Clinic/Service, in partnership with your Lead Maternity Carer.

When is a transabdominal cervical cerclage removed?

The cerclage can be removed at the time of caesarean section, but if successful, it can be left in for a future pregnancy. We recommend removal if you are certain your family is complete, however it will not cause harm if it remains in place long term.

For more information including access to Taonga Tuku Iho (national best practice guide), you can go to the Carosika Collaborative website ***www.carosikacollaborative.co.nz*** *or use the QR code.*
Whānau Stories describing other's preterm birth journeys are also available on our website.

CAROSIKA COLLABORATIVE
Preterm birth care across Aotearoa: whānau-centred, equity-driven