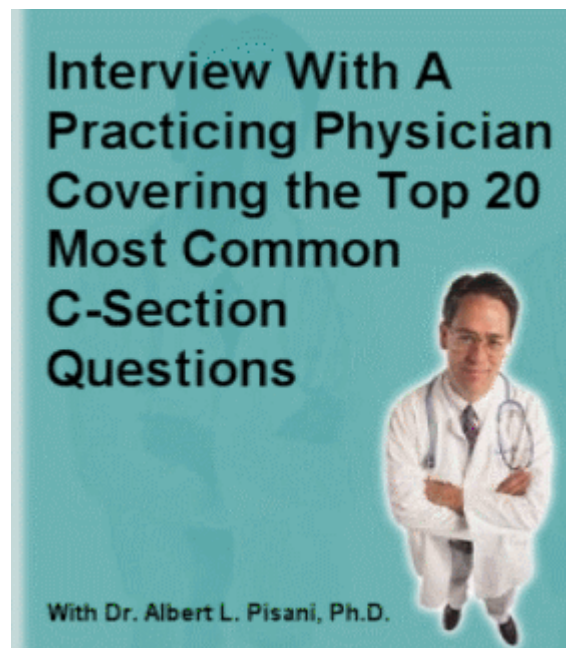


Worry Free C-Section Presents:



*An Interview with
Dr. Albert L. Pisani, M.D., F.A.C.S., F.A.C.O.G.*

I'm proud to be able to present to you one of the best surgeons in his field today, Dr. Albert Pisani.

Dr. Pisani has graciously accepted to respond to several of the common c-section questions that are on the minds of many women like you.

1. Today we've seen a rise in the number of c-sections, particularly within the U.S. The latest statistics indicate approximately 1 in 3 babies are born via C-section. In your professional opinion what do you attribute the increase to?

I think the medico-legal climate in which we live is one factor, in addition to more patient interest in Cesarean delivery.

2. What is your opinion on VBAC (vaginal birth after c-section)? Are VBAC's a procedure you would feel comfortable with? If not, what is your reasoning.

VBAC's are a reasonable and safe mode of delivery, with the appropriate monitoring and counseling. There is certainly a small increase risk with this mode of delivery, especially if the previous Cesarean was done through a vertical incision on the uterus.

3. If you knew a woman wanted to have a VBAC more than anything, what advice would you have in helping her increase her chances of having a successful VBAC?

It depends on the reason that her prior delivery was done by Cesarean. If it was because the baby was too big to fit through the birth canal, and the estimated fetal weight of the current pregnancy (by ultrasound) is larger, then I would not advise her to have high expectations for a successful VBAC. If the prior Cesarean was done for a Breech presentation, on the other hand, then she could expect the same probability of having to have a Cesarean as any other woman having no contraindications to a vaginal delivery.

4. What are some of the most critical risks and side effects that come to your mind when performing a c-section?

Although a C-section is a safe mode of delivery, it is still an operative procedure. Along with any surgery comes risks of infection, bleeding, blood clots, damage to internal organs, and anesthetic risks (among others)

5. The three types of anesthesia used for c-sections are epidurals, spinals and a general anesthesia. What are the differences of each and does a woman have a choice? Also, when might a general anesthesia be used?

Epidural anesthesia is the type most often used for Cesarean sections. It allows the woman to be awake for the delivery, with excellent pain control, and has minimal risk to the baby. General anesthesia is usually reserved for emergency situations, where their fetus must come out in less time than it would take to safely administer an epidural, or if the Mother's airway was compromised or other emergency condition. A spinal can be done more quickly than an epidural, but cannot be re-dosed (an epidural used for pain relief in labor can be used also for the C-section and for pain relief after).

6. I've heard of women having several c-sections, in some cases 4 or more. How is this possible and how much of a risk are they putting themselves in?

Yes, it's possible to have several c-sections. The more operations one has, the more scar tissue the doctor will have to go through to get to the uterus. This can increase the risk of complications. Also, there is an increase risk of placenta accreta (the placenta growing through to the deep layers of the uterus or even through to the outside of a uterus with increasing numbers of c-sections. This is associated with greater risk of bleeding and having to have a hysterectomy to control the bleeding.

7. Just because my baby is big, am I more likely to have a c-section?

If the baby's head is bigger than the space between a woman's pelvic bones, then a c-section will be necessary. Many OB/Gyn doctors will offer a c-section straight away to a woman who has a fetus whose estimated weight is over 4500grams (10 pounds).

8. Pitocin is sometimes used to speed labor, are there other less invasive ways to strengthen labor first?

Breast stimulations causes oxytocin to be released, which will also intensify contractions. This, however, is usually less controlled than intravenously administered Pitocin, and can be associated with tetanic contractions (too strong of contractions that can cause fetal distress). Also, can the use of Pitocin increase chances of having a c-section? Not unless the Pitocin causes tetanic contractions (see above) that are associated with fetal distress. Judicious use of Pitocin is very safe.

9. Why would a doctor want to avoid a woman going into labor when a c-section has been scheduled?

Laboring against a scar from a prior C-section can lead to uterine rupture. This risk increases if the scar on the uterus was in a vertical direction. (Classical C-section scar)

10. Doctor, at what week during the pregnancy is a c-section typically scheduled?

After the 39th week of gestation, for a pregnancy with good dates. Prior to that, or if the dates are in question, one should document fetal lung maturity before electively performing a cesarean section.

11. Do you have any advice or tips for women that might help them recover faster from a c-section?

Not other than general good health advice like: eat well, get plenty of rest, and keep active.

12. For women wishing to get pregnant again after a c-section, how long should she wait to conceive again? In other words, how long does it take your uterus to completely heal?

The uterus should be healed by six weeks post partum. There's no absolute waiting period to my knowledge.

13. Doctor, there are several types of closing the incision, they are dissolvable stitches, regular stitches, staples and glue? Can you explain the differences of each and your thoughts on each one. Is one used more regularly today than the others?

Most physicians use staples. Dissolvable skin sutures have a nice appearance and some feel it may be associated with less scarring. Since the staples in a horizontal incision are generally removed by post-operative day 3 - 5, the scarring with staples is usually no worse.

14. What are some of the things that might indicate to you that a pregnant woman may need a c-section?

Any pregnant woman may need a c-section, depending on the course of her labor. High risk factors would include diabetes with a large for gestational age fetus, fetal

malpresentation (Breech, transverse lie), and a prior c-section for cephalopelvic disproportion (failure to progress in labor) in a prior pregnancy where the fetal weight was equal to or less than the estimated weight of the current fetus.

15. In your opinion, are there any advantages of having a c-section over having a vaginal delivery? I've always heard that it's tough on the mom but actually better for the baby, is this true?

The main maternal advantage to having a c-section is sparing the passage of a fetus with a large head through a small birth canal and thereby preserving the tightness of the vaginal opening and minimizing risk of trauma to the muscles and soft tissues of the pelvic floor. This can reduce the risk of having problems with pelvic prolapse and urinary incontinence in later years.

16. How important is timing with regard to a c-section? In other words, what are the negative affects, if any, to delivering too soon?

As mentioned above, elective Cesarean delivery should not be performed prior to when the fetus would be expected to be mature (39wks gestation). Premature delivery can increase the risk of respiratory problems in the newborn and other sequelae.

17. What options does a woman have if her baby is breech?

Cesarean delivery, Vaginal Breech delivery, External podalic version (trying to turn the baby from the outside prior to delivery), or Breech extraction (pulling the second twin after delivery of the first baby - internally)

18. Doctor, what are your professional thoughts about electing to have a c-section for non-medical reasons?

It's a personal decision that a woman should make after fully evaluating the associated risks and benefits.

19. How much more information is gained by performing an amniocentesis vs. and ultrasound? Under what conditions is an amnio generally performed?

An amniocentesis can provide a more accurate assessment of fetal lung maturity than ultrasound alone. Done earlier in the pregnancy, it also can provide more detailed and accurate information regarding certain genetic defects such as Down's syndrome and other chromosomal abnormalities.

20. Does a c-section decrease muscle strength around the abdomen? It seems as though most women have a tough time getting the abdomen in shape again.

The muscles have to be divided in the midline and stretched to do the c-section. This is something one wouldn't have to deal with after a vaginal delivery. The actual muscle strength should return to normal eventually.

Albert L. Pisani, M.D., F.A.C.S., F.A.C.O.G.

PROFESSIONAL CERTIFICATION

*Diplomate, with Certification of Special Qualification in
Gynecologic Oncology, A.B.O.G. April 8, 1998
Diplomate, American Board of Obstetrics & Gynecology, 1996
Diplomate, National Board of Medical Examiners, 1989*

AFFILIATIONS

*Society of Gynecologic Oncologists
Full Member, 1999 to Present*

*American College of Surgeons
Fellow, 2000 to present*

*American College of Obstetricians & Gynecologists
Fellow, 1997 to present*

EMPLOYMENT

*Solo Practice Albert L Pisani MD, A Medical Corp, Aug 2005 to present
Medical Director Women's Cancer Center at San Diego, Feb 1999 to July 2005
Associate Surgeon Women's Cancer Center 1996 to 1999
Assistant Professor Rush University, August 1995 to July 1996
Attending Physician Cook County Hospital, August 1995 to June 1996
Clinical Instructor UCLA School of Medicine, 1993-1995*

HONORS

*Leo G. Rigler Award- for outstanding Performance as a House Officer
Cedars-Sinai Medical Center, 1991-1992*

APPOINTMENTS

Board of Directors, Gynecologic Oncology Group, 2004 to 2006
NCI funded Collaborative Research organization

Gynecologic Oncology Group
Gynecologic Oncology Committee (Surgical Committee), 2003 to 2006