Extra-Peritoneal Caesarean Section or Back to the Future? What are the Limits to its Spread?

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Abstract
Extra-peritoneal caesarean section is not a new technique, but was described more than two centuries ago. So why has it not been adopted and what are the limits to its dissemination despite its reported advantages, we are going to describe the so-called French extra-peritoneal caesarean section technique and see what its advantages and disadvantages are.

Introduction
Caesarean section is the most practical intervention in the world. Auguste Baudelocque first described the extra-peritoneal caesarean section in 1823. In 1909, Latzko [1] described the lateral route and Waters [2] in 1940, the supra-vesical route. The technique was most widely used in the United States between 1930 and 1950.

Extra-peritoneal caesarean section was gradually abandoned with the advent of antibiotics.

Patient and Observation
Surgical technique
We describe the modified extra peritoneal caesarean section technique described in 1996 by Denis Fauck and Jacques Henri Ravina: the Faucs ‘French Ambulatory Caesarean Section’ [3].

Incision 2 cm above the pubic symphysis (Figure 1), horizontal aponeurotic buttonhole over 2 cm (Figure 2) then left paramedian vertical incision over 14 cm (Figure 3), then the rectus femoris muscle is reclined to the left (Figure 4), the left intervesico uterine canal is opened (Figure 5) and the bladder is reclined to the right thus freeing the inferior segment to allow a segmental hysterotomy (Figure 6).

Figure 1: Incision 2 cm above the Pubic Symphysis
Discussion
The extra-peritoneal caesarean section seems to have many advantages, particularly in terms of pain during and after the operation, which means that the dose of anaesthetic can be reduced, there is no paralytic ileus, which means that the baby can be fed quickly (3 hours later) and the stay can be outpatient. In addition, the fact that the peritoneal cavity is not opened eliminates the risk of infection and adhesions. However, the limited scope of the operation means that this technique cannot be used in all situations, particularly in emergencies, placenta previa, fetal macrosomia and transverse presentation, where the supravesical route must be used. It should be noted that for some authors, repeated caesarean section is a contraindication, but not for others, including Durfee [4].

Conclusion
Extra-peritoneal caesarean section appears to be the most anatomical route, reducing the risk of infection and adhesions. However, the difficulty of learning to use it limits its spread. It should be the preferred route for scheduled caesarean sections, which will increase
the learning curve and familiarise the teams with its practice.

Conflicts of Interest
The authors declare no conflicts of interest.

Authors’ Contributions
Lounas BENGHANEM: data collection, bibliographic research and writing of the article.
Bouzid ADDAD: proofreading and supervision of the writing of the article.
Lydia FAÏD: proofreading and supervision of the writing of the article.
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