

## Obstructive Operations:

- They are designed to diminish the bulk of fetus so as to facilitate easy delivery through birth canal.
- These procedure are difficult & may be dangerous unless operator is sufficiently skilled.
- There are 4 types of operation:
  - a) Craniotomy
  - b) Evisceration
  - c) Decapitation
  - d) Cleidotomy

### a) Craniotomy:

- It is an operation to make a perforation on fetal head, to evacuate the contents followed by extraction of fetus.

#### → Indications:

- Cephalic presentation producing obstructed labour with dead fetus.
- Hydrocephalus even in living fetus.
- Interlocking head of twins.

#### → Conditions:

- Cervix must be fully dilated
- Baby must be dead.

#### → Contra-Indications:

- Severe contracted pelvis
- True conjugate less than 7.5cm.
- Rupture of uterus.

## → Procedures:

- I.) 2 fingers are introduced into vagina & finger tips are to be placed on proposed site of perforation.
- II.) Oldham's perforator with blades closed introduced protecting anterior vaginal wall & bladder, until the tip reaches the proposed site of perforation.
- III.) By rotating movements, the skull is perforated.  
During this step, an assistant is asked to steady the head per abdomen in a manner of 1st pelvic grip.  
After skull is perforated, the instrument is thrust up to shoulders & the handles allows to separate sharp blades.
- IV.) With the fingers brain matter is evacuated.
- V.) When skull is compressed, extraction of fetus is achieved either by a cranioclast or by 2 volsella.
- VI.) Traction is now exerted in same direction as in forceps operation.
- VII.) After the delivery of placenta, utero-vaginal canal must be explored as routine for evidence of rupture or tear.

## oo) Decapitation:

It is a destructive operation whereby the fetal head is severed from the trunk & the delivery is completed with extraction of trunk & that of decapitated head per vaginam.

## → Indications:

Neglected shoulder presentation with dead fetus where neck is easily accessible

Interlocking head of twins.

### → Procedures:

- i) If fetal hand is not prolapsed, bring down a hand.
- ii) 2 fingers of left hand are introduced downwards & the finger tips are to be placed on superior surface of neck.
- iii) Decapitation hook with knife is to be introduced under the guidance of fingers placed into the vagina, knob pointed to fetal head.
- iv) By upward & downward movement of hook with knife, decapitated head is pushed up & trunk is delivered by traction on the prolapsed arm.
- v) Delivery of decapitated head.
- vi) Routine exploration of utero-vaginal canal to exclude rupture of uterus.

### ii) Evisceration:

Operation consists of removal of thoracic & abdominal contents through an opening on thoracic or abdominal cavity.

### → Indications:

Neglected shoulder presentation with dead fetus  
fetal malformations

### iii) Cleidotomy:

Operation consists of reduction in bulk of shoulder girdle by division of one or both clavicles.

Operation is done only in dead fetus.