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Cervical cerclage

The purpose of this leaflet is to provide first-hand information on the nature of cervical insufficiency and possible treatments.

Cervical insufficiency is the inability of the cervix to hold and maintain pregnancy in the uterine cavity from the second trimester of pregnancy. In particular, this is due to the structural weakness of the cervix, which can be both congenital and acquired. The latter being due to cervical trauma or previous surgery.

One of the main methods of treating cervical insufficiency is the placement of a cervical cerclage on the cervix, which helps prevent spontaneous miscarriage and premature birth. This method of treatment is offered to women who have previously experienced premature births and/or miscarriages in the second trimester or who have had a shortened cervix (less than 25 mm) detected by ultrasound and who are associated with risk factors for premature birth (for example, a prior cervical conization). The precise approach to each case is individual and depends on the specifics of the woman's health.

It is not yet clear which procedure is most helpful and what is the optimal surgical technique to use when placing the cervical cerclage.

The most common is the vaginal (transvaginal) placement of the cervical cerclage during pregnancy. The procedure is done under sedation and in an operating theatre, with the patient being required to remain in the hospital under observation for a minimum of one (1) day. The recommended period is the 12th to 14th week of pregnancy. If changes have already occurred in the cervix (shortening and opening), the procedure may be technically complicated and fail. As a complication, the amniotic sac may rupture and a miscarriage may occur.

If the transvaginal cervical cerclage has not been effective (miscarriage has occurred or a very premature baby is born), then a transabdominal (abdominal) cervical cerclage is indicated. Placement in a non-pregnant woman takes place in the operating theatre via laparoscopy, while the patient is sedated, and observation in the hospital for one (1) day is required.

Information about laparoscopy and possible complications can be found in the relevant patient information material (ITK1052) https://www.itk.ee/patsiendile/patsiendi-infomaterjalid/protseduurid/gynaecological-laparoscopy

ITK1236

Approved by the decision of the Care Quality Commission of*Aktsiaselts Ida- Tallinna Keskhaigla* on 16.10.2024 (protocol no. 13-24)