Pre- and Post-operative Instructions:
Cervical Cerclage
(i.e. MacDonald Suture, Shirodkar Stitch)
Informed Consent

As part of informed consent, your doctor will talk to you about:

- What will be done during the surgery
- Why you need it
- Risks of surgery
- Risk of not having any treatment
- What other choices you may have

You may also be asked to consent to Blood Transfusion and/or Blood Products, consent for Tissue Samples for Research Purposes, and/or consent for Photography.

Make sure you understand this information. Don’t be afraid to ask questions. Have your doctor go over something if it is not clear to you.

Why is cervical cerclage used?

A cervical cerclage procedure may be used if a woman’s cervix is at risk of opening under the pressure of the growing pregnancy. A weak cervix (incompetent cervix) may result in second trimester pregnancy losses.

Risk factors for developing a weak cervix include:

- Damage to the cervix which may be a result of pregnancy termination or second-trimester miscarriages
- A previous “cone biopsy” or a “LEEP” procedure
- Congenitally abnormal cervix
What is cervical cerclage?

Treatment for cervical incompetence is a surgical procedure called cervical cerclage, in which the cervix is sewn closed during pregnancy. The cervix is the lowest part of the uterus and extends into the vagina. A cerclage can be placed vaginally or through the abdomen with an incision or laparoscopically. The most common way is through the vagina.

When is cervical cerclage used?

The most common time for the cervical cerclage procedure is in the third month (12 to 14 weeks) of pregnancy. Sometimes the cerclage will be placed later in pregnancy in response to a change or shortening of the cervix.

What should I expect before my cervical cerclage is placed?

1. Your medical history will be reviewed.

2. A thorough exam of your cervix which may include a transvaginal ultrasound performed by a doctor who specializes in high risk pregnancies. Other reasons for pregnancy losses will be ruled out by your doctor.

3. Your doctor will discuss both the procedure and pain control options for the procedure.

What happens the day of surgery?

The day of surgery, when you arrive at the hospital you should report to the Admitting Department on the main floor. Bring your Mount Sinai Hospital card and provincial health card with you. Please arrive two hours before your scheduled surgery time.

Most women have a spinal or epidural anesthesia for pain control during the procedure. A general anesthesia is used when a spinal or epidural is not the best choice for anesthesia. Your doctor will discuss the options with you. A doctor will stitch a band of strong thread around the cervix, and the thread will be tightened to hold the cervix closed.
What can I expect after the procedure?

1. You may stay in the hospital a few hours or overnight to be monitored for uterine cramping, bleeding or rupture of membranes.

2. You may feel nauseated or drowsy following a general anesthetic but under normal circumstances you will be able to start eating and drinking soon after you wake up. If a spinal or epidural is used, you may experience some short-term numbness in your legs.

3. It is usual to experience some period-type pain or discomfort. Taking mild pain medication usually relieves it. The doctor will advise which pain medications are safe to take in pregnancy.

4. You may have some slight vaginal bleeding or a brown discharge but this should stop within a few days.

5. Before you are discharged home you will be given an appointment for a follow-up visit with your doctor.
What should I avoid?

1. Avoid sexual intercourse and do not place anything inside your vagina for four weeks following your procedure.

2. It is advisable to rest for several days after your procedure. You should avoid heavy housework, lifting or exercise. You may need some time off work; your doctor will advise you how long will be necessary.

How long is the cerclage stitch left in?

A doctor normally removes the cervical suture around 37 weeks gestation or beforehand if labour has started.

What warning signs should I be concerned about?

It is important to contact your doctor if you experience any of the following symptoms after your cerclage is placed:

• Contractions or cramping
• Lower abdominal or back pain that comes and goes like labour pain
• Vaginal bleeding that is bright red or becomes heavy
• Fever (greater than 38.0 degrees Celsius or 100.4 Fahrenheit), chills or sweating
• Nausea and vomiting
• Smelly and/or greenish vaginal discharge
• Rupture of membranes
In case of emergency:

Go to the Mount Sinai Emergency Department or, if you live outside of Toronto, go to your nearest Emergency Department.

For non-urgent questions, please contact your surgeon’s office.

Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.