FORCEPS APPLICATION

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Is the forceps on its way to...
NEVER...No Obstetrics without Forceps
Downfall of FORCEPS...

1. Disrespect to the ‘BASICS’ by my contemporary obstetricians
2. Inconsistant ‘Dimensions’ of The instrument
3. Inconsistant ‘Dimensions’ of the Obstetricians
4. Abuse of ‘FORCEPS’ by QUACKS.

back to the Grave......?.
High, Mid. And Low-mid forceps disappeared....

Because of changing values in obstetrics
Understanding forceps...
Or like this?
AIM IS TO MAKE YOU BOLD and ...

For APPLYING only OUTLET FORCEPS
The '5' Ps...for Forceps Delivery

1. Place
2. Patient
3. Power
4. Passage
5. Passenger
PLACE...

Labour room  infrastructure

Operation theatre for 'crash  c.s.'

Anaesthetist

Neonatologist

NICU
FORCEPS...

F...FULL DILATATION OF CERVIX
O...Occiputo – Anterior
R...Rupture Of Membranes
C...Contractions
E...Empty Bladder & Bowel
P...Pelvis Adequate
S...Station
FULL DILATATION OF THE CERVIX...

MOST - MOST - MOST IMPORTANT

PRE-REQUISIT...
FULL DILATATION OF THE CERVIX... “OR NEARLY SO”

‘.....has given rise to more trouble than all other difficulties put together.’

Thank you Sir,
O-OA – sutue line
not at all easy

- Direct Occiprto-Posterior…
  ‘FACE to PUBIS’
  (Perfect A-P sagittal suture line at the oulet)

- Face Presentation …
  ‘MENTO- ANTERIOR’ ONLY

- BREECH…. ‘AFTER-COMING-HEAD’
Ruputre of membranes...

To assess the position and attitude of the foetal head.
C- CONTRACTIONS...

‘MUST BE PRESENT’
FORCEPS IN AN ATONIC UTERUS

VOLCANO TYPE OF PPH
E....mpty BLADDER MUST BE COMPLETELY EMPTY.. not able to pass the catheter- review the level of head Bulb of the Foley’s MUST be deflated!
PELVIS SHOULD BE ADEQUATE....

‘PELVIC RESERVE’ Must be checked.
PELVIC ARCHITECTURE MUST BE KNOWN
PELVIC RESERVE

- FINGER MUST EASILY PASS ALL AROUND THE HEAD
- BE CAUTIOUS IN ‘CAPUT’
- CAPUT IS THE ENEMY OF FORCEPS
Kenny’s Hypothesis..

- Shoulders
- Stature
- Style
Gynaecoid  Anthropoid
Android  

Flat
Anthropoid       Platypelloid

Kenny’s Hypothesis
Gynaecoid  Android
Sacrum..

Sacrosciatic notch..

Caldwell and Moloy
ISCHIAL SPINES…

SIDE WALLS…
Sub-pubic Arch...
Sub-pubic Arch...
Essential Diameter of Bony-Pelvic Outlet… IITD
S-Station of the Head.....
‘Notelowitz Crichton’

abdominal

vaginal
PHARMOCOLOGICAL HIGH, MID AND LOW MID FORCEPS

OXYTOCIS
Simpson’s Short Forceps
MOULDED HEAD
WRIGLEY’S -(Elliot’s)
OUTLET FORCEPS

FOR ‘UNMOULDED HEAD’
Outlet Forceps..
Worth it’s weight in **GOLD**.....

*Ian Donald*
Left Blade… ‘Ping Pong’ grip…

‘Wandering movement’ of William Smellie
Handle Crossing the Midline...
DIFFICULTY IN APPLYING THE BLADE...

Cervix NOT FULLY DILATED

NON-GYNAECOID TYPE OF PELVIS

MALROTATION

GYNAECOID PELVIS

ANDROID PELVIS
Right Blade...
DIFFICULTY IN LOCKING...

MALROTATION

BLADES LOWER THAN THE HEAD
Final Check…
Episiotomy.... To prevent irregular perineal tears and ‘OASIS’
TRACTION...

ELBOW SHOULD NOT CROSS THE WAISTELINE...

Line and Speed...
Downwards and Forwards..
Forwards....
with perineal support
Bio-mechanical studies......

PRIMI: 18 kgs.

MULTI: 12 kgs
TRACTION...

I have done enough “bathroom obstetrics”........

Ian Donald
Be Bold and....
Thank You...

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