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REPLY

Reply to: "Cesarean section and tissue adhesions"

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We appreciate the concern regarding the definition of adhesions. We are aware of the weakness of assessing adhesions retrospectively and, therefore, were cautious with our conclusions and recommended further research in that field [1].

Given that there is no standardized method to assess adhesions, we used parameters that were previously incorporated into other scoring systems and modified them to fit our computerized operative notes. The computerized structured operative notes were written immediately after the surgery was completed and included categorical information regarding the severity, location, density and amount of adhesions for each patient.

Understanding mechanisms of adhesion formation, although very interesting, were beyond the scope of our study.

We did not focus on the implications of adhesions after cesarean deliveries. Those are well established in the literature.

Also, adhesion barriers were not used during the cesarean deliveries included in the study. There are not enough data in the literature to support their advantage in preventing adhesions related to cesarean deliveries. Since this is a common surgery which leads to repeated surgeries in subsequent deliveries, data regarding adhesion berries will be of great interest and importance, and as clinicians we are all looking forward to having that data.

Compliance with ethical standards

Conflict of interest The author has no conflict of interests.

Reference

1. Herzberger EH, Alon H, Hershko-Klement A, Ganor-Paz Y, Fejgin MD, Biron-Shental T (2015) Adhesions at repeat cesarean delivery: is there a personal impact? Arch Gynecol Obstet. doi:10.1007/s00404-015-3718-x

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