



CLINICAL PRACTICE GUIDELINE

Cervical suture removal

This document should be read in conjunction with the [Disclaimer](#)

Aims

- To release the artificial stricture (suture) of the cervix.

Key Points

1. The removal of the cervical suture is performed by the Registrar or Senior Registrar.

Equipment



- Sterile pelvic pack
- Sterile gown and gloves
- Cusco's speculum
- Cervical suture removal scissors
- Rampley's forceps
- Nitrous Oxide and oxygen (for pain relief as required)

Prior to procedure

1. Medical officer to obtain consent for procedure.
2. Assemble equipment and determine pain relief requirements.
3. Auscultate fetal heart rate (FHR).
4. Request woman empties bladder.
5. Position woman in lithotomy position with wedge under right buttock.

Following procedure

1. Perform CTG.
2. Perform 15 minutely observations for one hour of:
 - Vaginal loss
 - Uterine activity
 - FHR
3. One hour post removal of suture if the CTG is reactive and there are no other clinical concerns the woman may be discharged with planned follow-up.
 - When discharged home inform woman to contact hospital if she has any concerns, feels unwell, experiences any PV loss or decreased fetal movements.

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