Surgical management of Post Partum Haemorrhage

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Background:

- PPH is one of the 5 major causes of maternal deaths in South Africa
- Over a 10 month period the incidence of PPH in Kalafong were 8%
- 2,5% required surgical management
- 0,8% required hysterectomy

Strict Protocol

- Resuscitation
- IV Line with 30u Pitocin
- Misoprostol 5 tabs pr
- Rub up the uterus
- Urine catheter
- Vaginal examination
- Evacuation
- Laparotomy
- Systemic devascularisation
- B-Lynch
- Internal iliac ligation
- Hysterectomy

Under sewing the placental bed

- Haemostatic sutures placed in the placental bed
- Full thickness sutures can be placed horizontally.

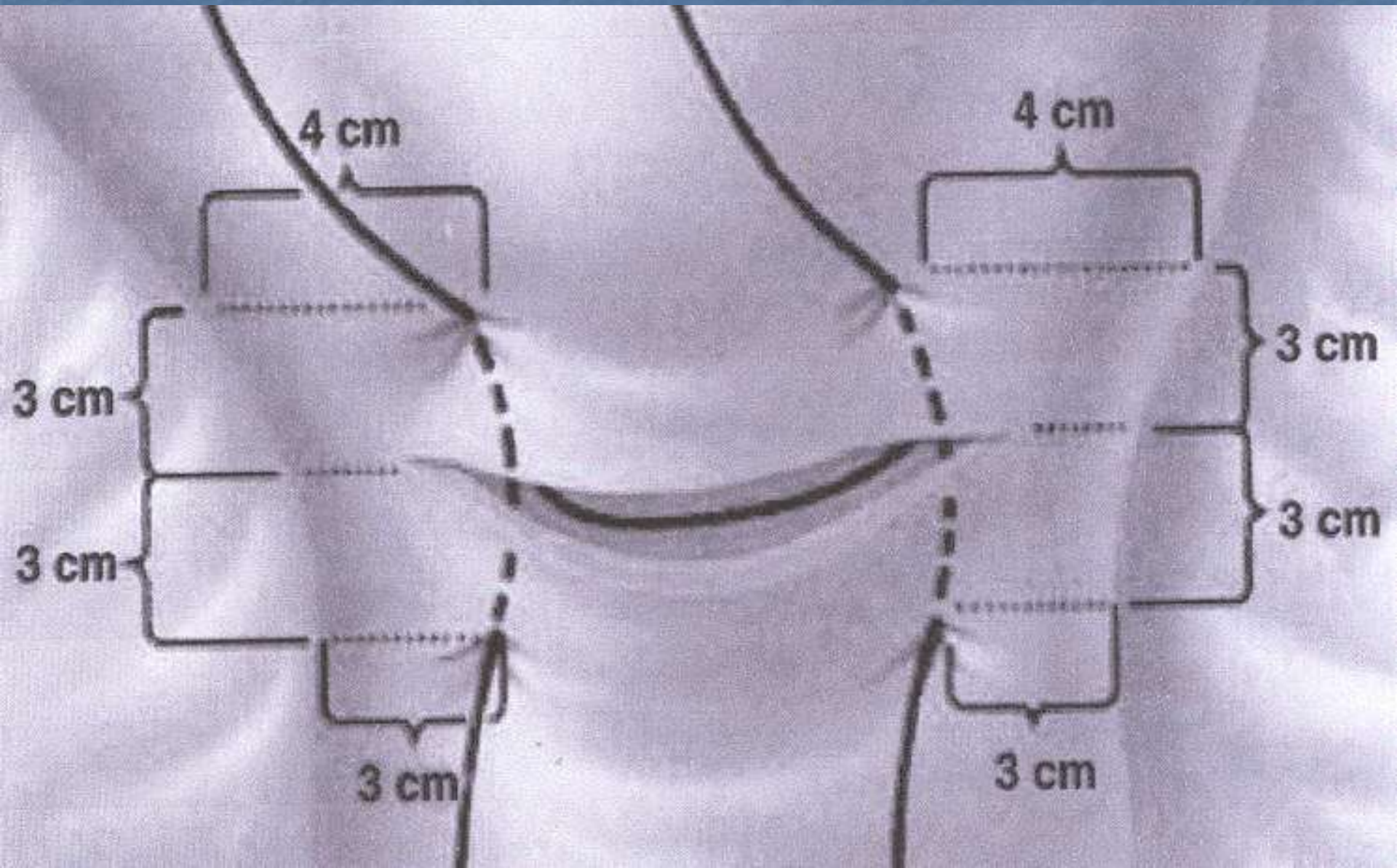
Tamponade Test

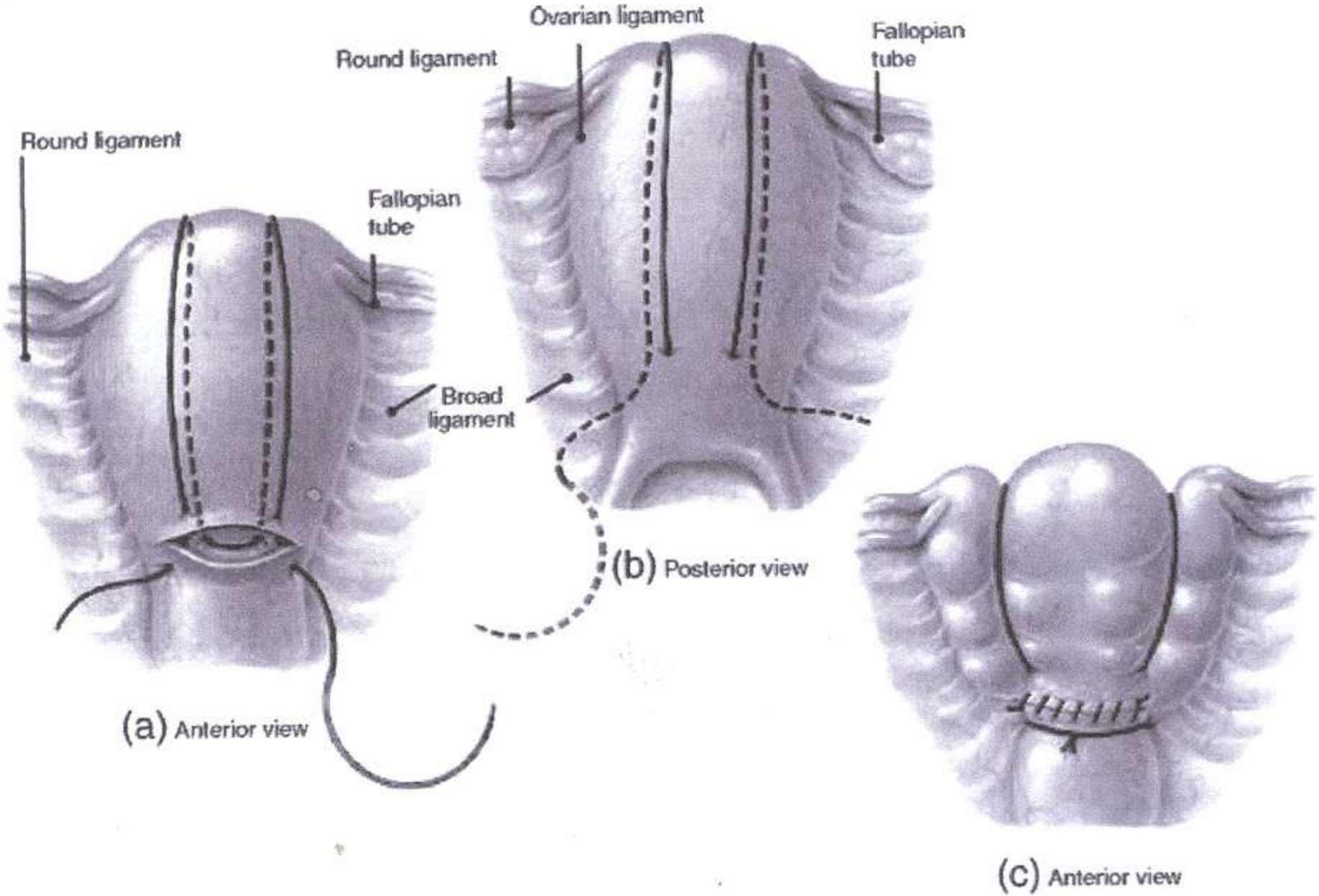
- Distal portion of a Sengstaken-Blakemore tube is cut off.
- It is placed in the fundus of the uterus
- 75-150ml fluid
- If bleeding stopped successful
- Oxytocin infusion

Tamponade Test

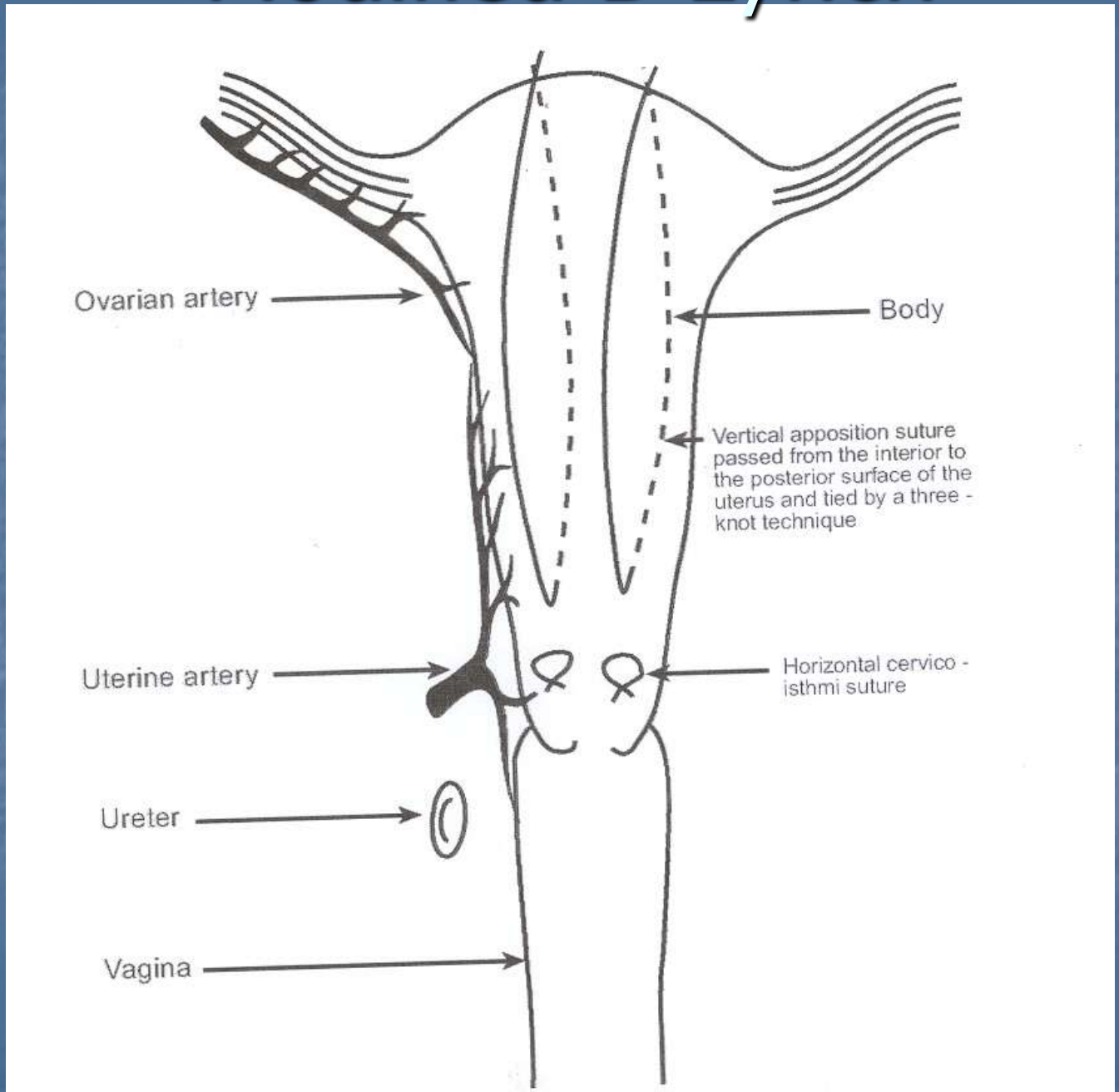
- An alternative is the Rusch balloon catheter
- 400-500ml fluid.
- If successful gauze is placed in vagina.
- Removed after 24 hours.

B Lynch Technique

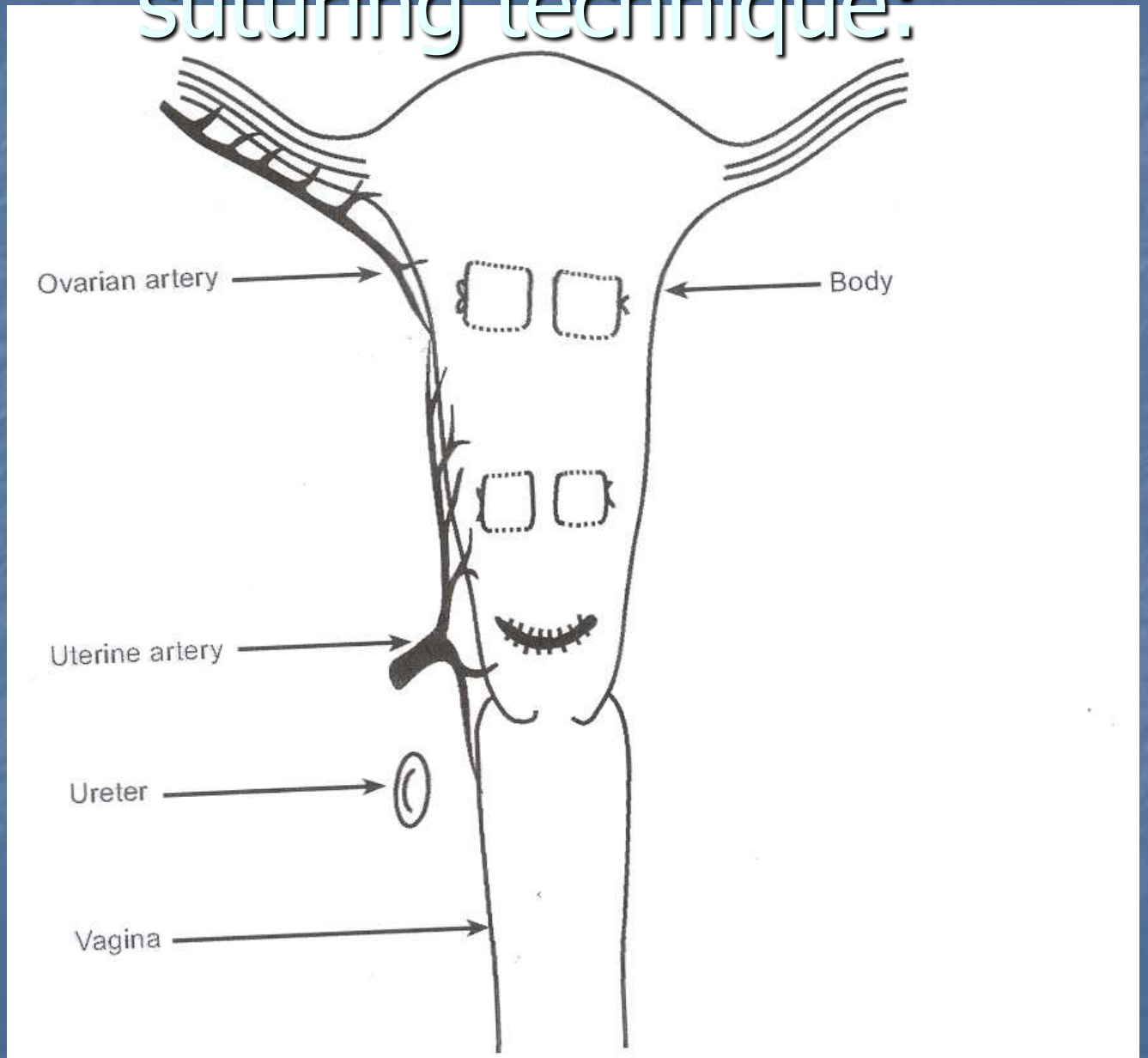



Round ligament
Fallopian tube
Broad ligament
(a) Anterior view
Ovarian ligament
Round ligament
Fallopian tube
(b) Posterior view
(c) Anterior view

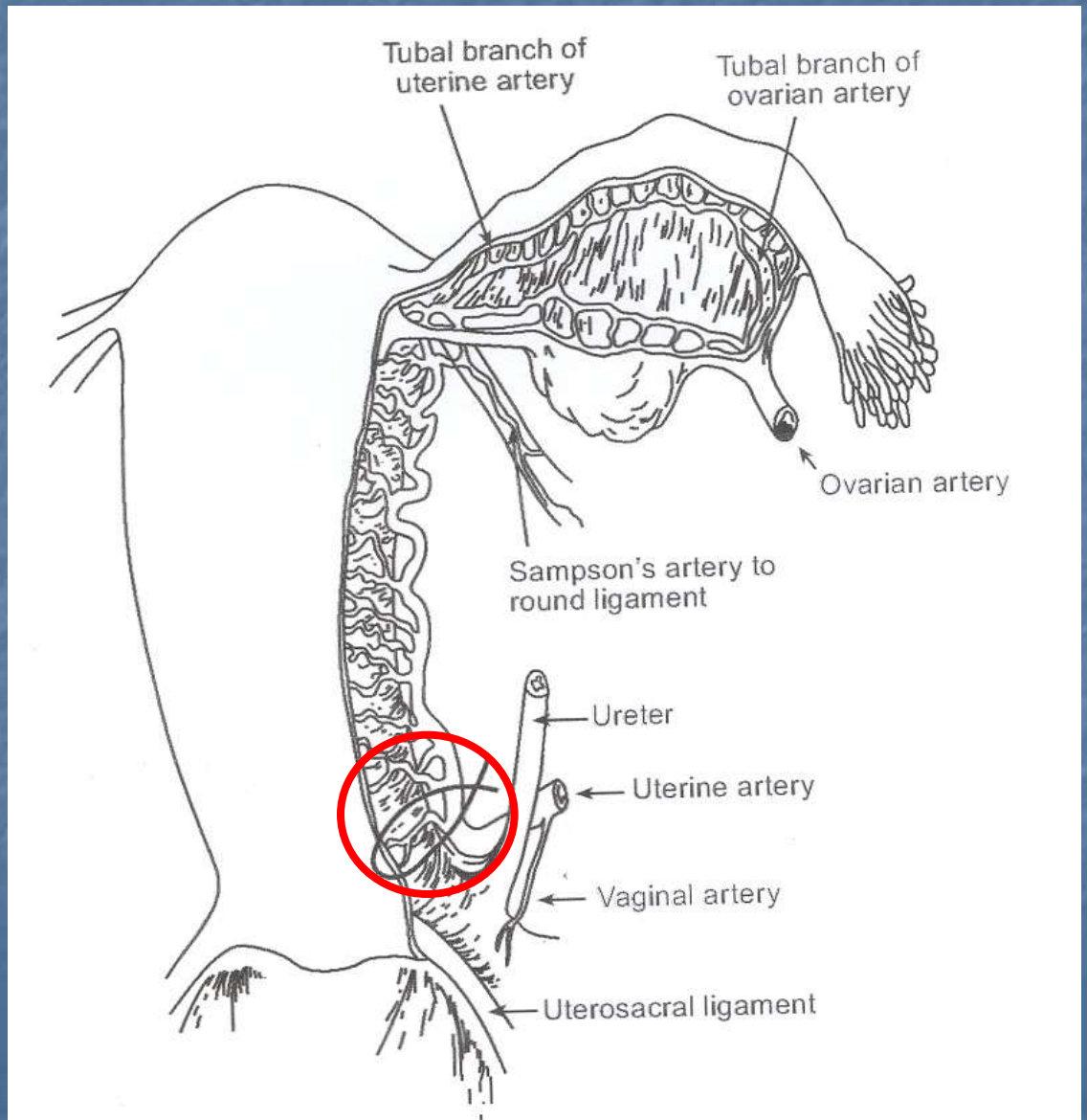
Modified B Lynch

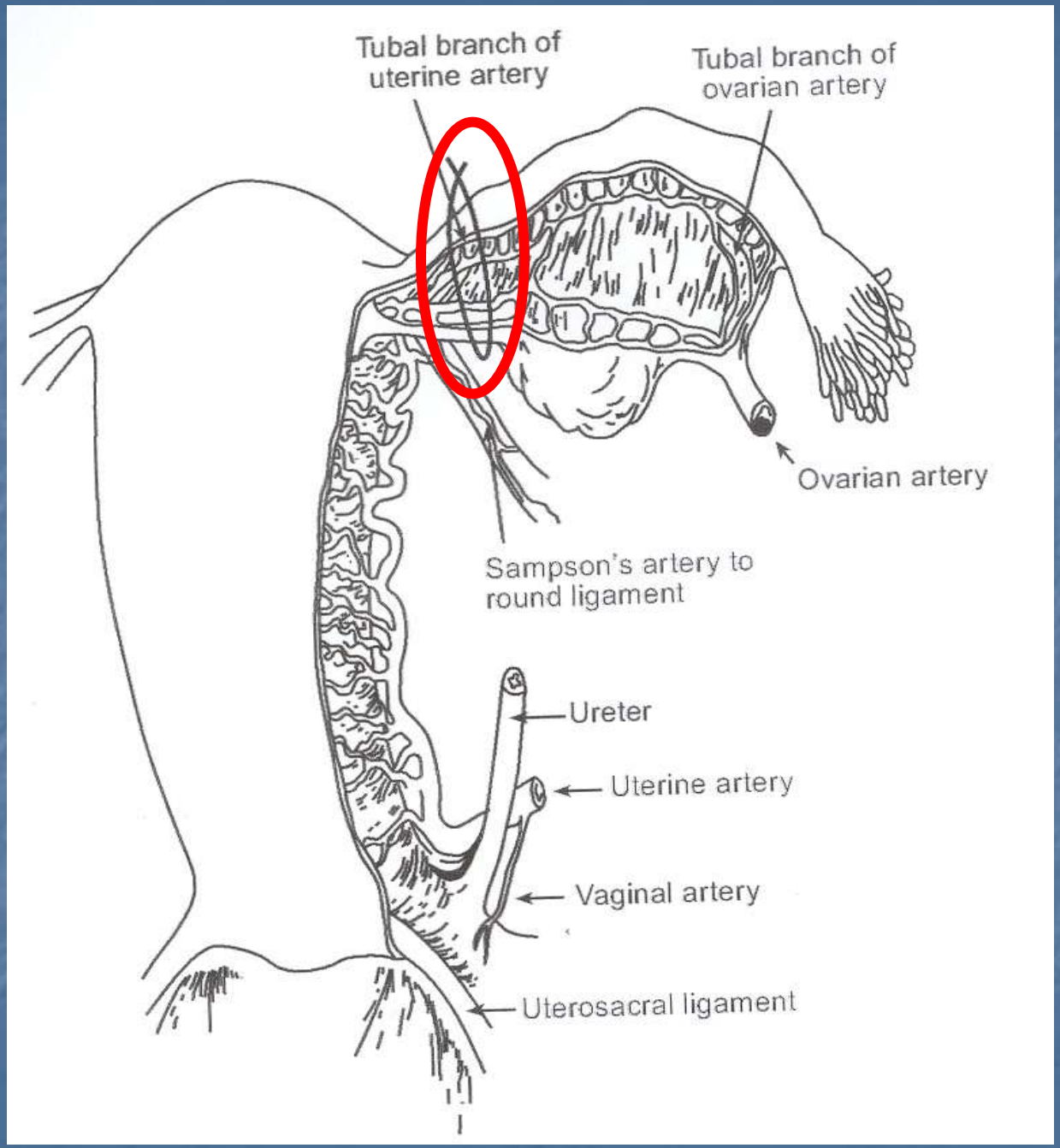


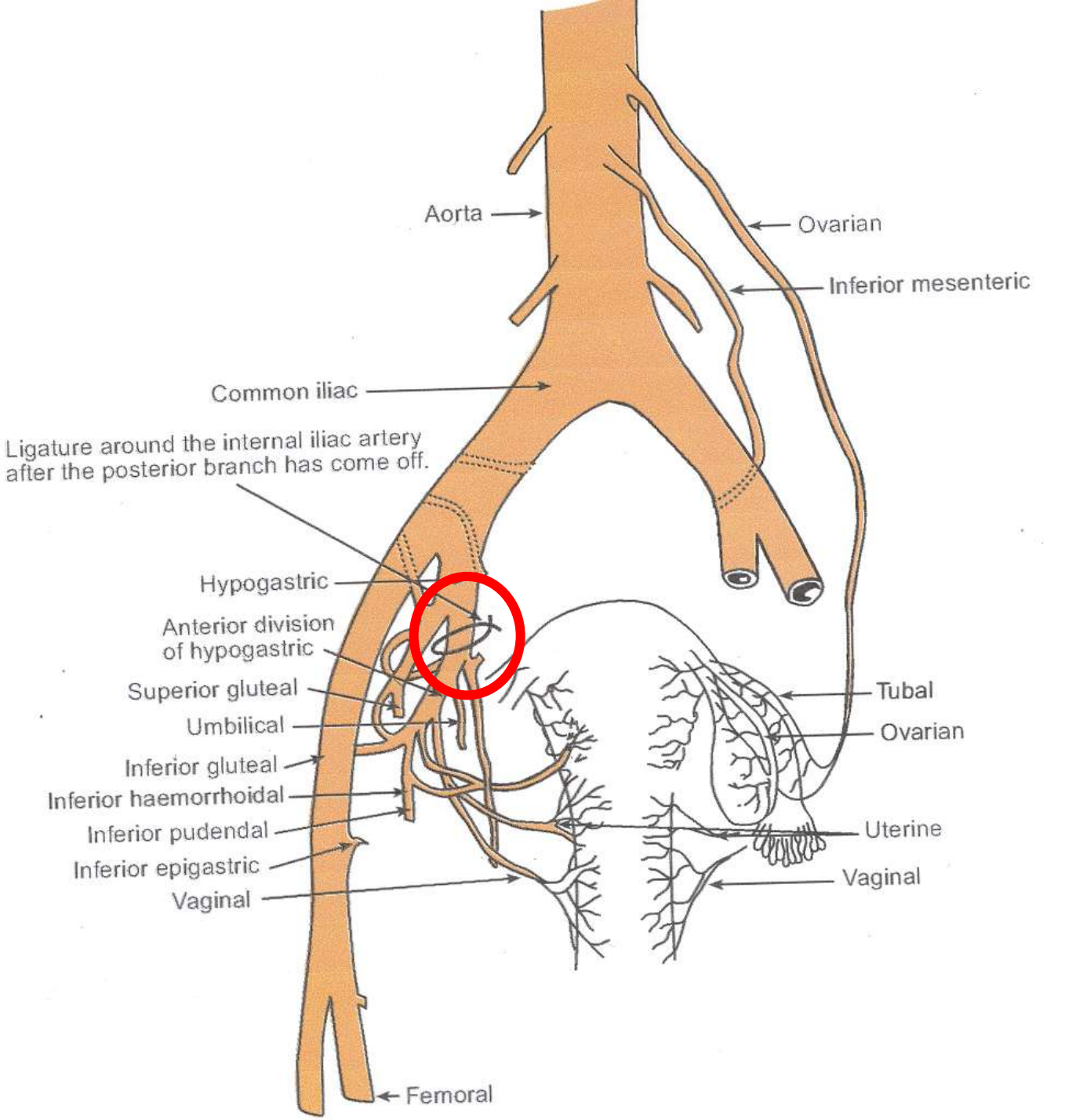
Haemostatic multiple square suturing technique:



Systemic devascularisation:




Tubal branch of uterine artery
Tubal branch of ovarian artery
Ovarian artery
Sampson's artery to round ligament
Ureter
Uterine artery
Vaginal artery
Uterosacral ligament


Aorta
Ovarian
Inferior mesenteric
Common iliac
Ligature around the internal iliac artery after the posterior branch has come off.
Hypogastric
Anterior division of hypogastric
Superior gluteal
Umbilical
Inferior gluteal
Inferior haemorrhoidal
Inferior pudendal
Inferior epigastric
Vaginal
Tubal
Ovarian
Uterine
Vaginal
Femoral

Hysterectomy

- If all other methods of controlling PPH fail a hysterectomy should be done.
- Sub total hysterectomy for patients with an atonic uterus.
- A total abdominal hysterectomy is indicated in cases of bleeding of a placenta previa

Conclusion:

- The success of the management of PPH depends on the rapid progression to the next step.
- DIC remain a medical condition and should be treated in such a way.
- Not fearing the next step will safe lives and fertility.