PACKING OF UTERUS AT CAESAREAN SECTION FOR REFRACTORY POST PARTUM HAEMORRAGE: REVIVAL OF A TIME TESTED TECHNIQUE.

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SUMMARY

16 cases of refractory atonic Post-partum haemorrhage at LSCS underwent emergency uterine packing through the lower uterine segment incision in a effort to conserve the uterus, at the Dr.R.N.Cooper Hospital, Bombay, a referral centre, where transfered cases from other peripheral hospital are tackled. Especially prone to refractory atonic post-partum haemorrhage were the group who had either prolonged labour or were infected. The method was employed after all available medical measures failed including the injection of prostaglandins (PG F2 Methyl ester) but a hysterectomy was avoided in all. The pack was removed after 24 hours and repeat haemorrhage or usually expected high morbidity was absent. There was no maternal mortality in this series.

Material and Methods

A flabby uterus at Ceasarean section is not an uncommon finding, the incidence being 18% in cases of prolonged labour especially. (Newton and Newton 1988) The risks of preserving the uterus are real in the face of a compromised clinical condition. A good interim procedure is packing of the uterus abdominally through the lower segment incision.

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16 cases of packing of the uterus at LSCS were undertaken at the Dr. R. N. Cooper Hospital for various reasons. (Table I). Atonic post-partum haemorrhage was deemed refractory when there was no response to massage, oxytocic and ergot administration and intramyometrial injection of 15 methyl ester of PG F2. The ceasarean sections were done for various indications. (Table II)

Packing was done with roller gauze 1 inch wide tapes each 3 meters long, usually 2 to 3 tied firmly to each other sufficed.

TABLE I
INDICATIONS FOR UTERINE PACKING

Refractory atonic PPH	9
Bleeding Maternal sinuses	3
Lower segment placenta previa	4

TABLE II
INDICATIONS FOR CAESAREAN SECTION

Placenta previa	4
Abruptio placentae	3
Footling Breech	1
Transverse Lie	1
Prolonged Labour with fetal distress	5
Previous LSCS	2

After the angles of the lower segment incision were sutured and held to steady the uterus, the pack was inserted upto the fundus from where in a zig-zag fashion, the entire uterine cavity was filled snugly. The free end of the tape was then pushed into the vagina through the cervix and the lower segment was packed in a retrograde fashion. The uterus was then closed carefully with decidual exclusion stitches in two layers with No.2 chromic catgut, specific care being taken not to include the gauze pack in the suturing. The patient was put on prophylactic antibiotics and intensively monitored.

After 24 hours the pack was carefully removed in the Operation-Theatre at a single sitting under analgesia only, with a running infusion of oxytocin. Fresh bleeding was looked for later. All cases were discharged by the 12th post-operative day and examined at follow-up after a fortnight.

Discussion

Haemorrhage is the third leading cause of maternal death at caesarean section and also accounts for the chief reason for peripartum hysterectomy. (Kaunitz and Hughes 1985) Medical control is both preventive, as routine infusions of an oxytocic agent after delivery of the baby and also aggresive, as intramyometrial injections of ergometrine or 15 methyl ester of PG F2.

Surgical control of primary haemorrhage can be

a) Bilateral uterine and utero-ovarian artery ligation

b) Bilateral hypogastric artery ligation.

c) Hysterectomy.

Uterine packing is a time tested technique, (Hester 1975, Lester and Bartholomew 1965). It is immensely valuable in efforts to conserve the uterus especially in women who need preservation of child bearing. It is also more efficient than vaginal packing, being under direct vision. The post-operative incidence of morbidity was not found to be increased due to or as a consequence of the uterine pack. There was no mortality in our series and on follow up all patients had menstruated by the sixth month postsurgery.

Conclusion

There often arises a tricky situation in which the decision to conserve the uterus or save the patient's life arises in intractable post-partum haemorrhage. We believe that a bold decision to pack the atonic ballooned uterus is by far preferable to doing a ceasarean hysterectomy on a moribund patient. The problem of infection is not so high or as life-threatening as in the past due to the availability of powerful broad-spectrum antibiotics. Our experience speaks meritously for the oft-

forgotten lowly pack. It is time to reconsider and revive it actively.

References

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