

## AUTOTRANSFUSION : LIFE SAVING IN ECTOPIC PREGNANCY

K. LALREMMAWIA

### SUMMARY

Auto-transfusion was given to 5 patients of disturbed ectopic pregnancy with haemoperitonoum. Propylactic antibiotics (Inj. Cephazoline) 3 doses were given postoperatively. Inj. calcium gluconate 1 amp. was given intravenously for every 4 pints of blood transfusion. No significant post-operative complications occurred. Thus autotransfusion is the means of life saving in disturbed ectopic pregnancy with haemoperitoneum.

### INTRODUCTION

The outcome of ectopic pregnancy are tubal abortion or tubal rupture (acute or chronic), Tubal rupture esp. acute, can cause severe intraperitoneal haemorrhage threatening the life of patient unless active and immediate management is undertaken.

### METHOD AND MATERIALS

In Presbyterian Hospital, Durtlang, Mizoram, 32 cases of ectopic pregnancy were admitted in 1992-1994. Since 1993 onwards, autotransfusion was introduced. So far, only 5 patients received auto-

transfusion. Even, if the patient is in a state of shock, resuscitation and preparation for immediate operation is going on side by side. No time is wasted. Line of incision is always subumbilical (midline) as it is rapid and bloodless compared to Pfannenstiel incision.

Disturbed ectopic pregnancy with haemoperitoneum is immediately brought into the operation theatre with ACD solution. No need to do preoperative Hb, grouping and Rh. Under general anaesthesia, bladder is catheterised, abdomen scrubbed and draped. Intravenous line is already set in for transfusion. One ACD bottle opened and ACD solution poured into a sterile bowl. The bowl is covered with 4 layers

*Dept. of Obst. & Gyn., Presbyterian Hospital Durtlang  
MIZORAM.*

*Accepted for Publication on 26.5.95*

TABLE I  
Showing Outcome of treatment with Autotransfusion

Sl. No.	Age	Period of infertility.	Duration of rupture.	Total amt of blood loss	Amount of Autotransfusion.	Postoperative period.	Hospital stay.
1.	36	16 yrs. (secondary Inf.)	5 days	4000 ml.	3000 ml.	Uneventful	8 days.
2.	28	3 yrs. (Abd. tubectomy)	17 days	1000 ml.	500 ml.	Uneventful	9 days.
3.	18	unmarried	2 days	2000 ml.	1500 ml.	Uneventful	9 days.
4.	25	1 year (Primary infertility)	1 day	1400 ml.	900 ml.	Hypopotassemia	13 days.
5.	28	1-1/2 Years (Cu. T in Situ)	1 day	1600 ml.	900 ml.	Uneventful	8 days.

of sterile gauze pieces for filtering the collected blood.

Then, abdominal incision done, at first small peritoneal opening made for controlled collection of blood from peritoneal cavity into a small sterile bowl. The collected blood is immediately poured into the ACD containing large bowl through filtering gauze piece. When adequate amount of blood is filtered and mixed with ACD solution, it is poured back into the empty ACD bottle and ready for auto-transfusion. Almost all the blood inside the abdominal cavity is collected and transfused back to the patient.

When there is no free outflow of blood, the peritoneal opening is enlarged and with small sterile bowl, blood remaining inside any corner of abdominal cavity can be collected for autotransfusion. We do not necessarily try to stop the bleeding point first, as it means spilling over enormous amount of blood outside the abdominal cavity beyond collection. At the same time, the patient is receiving blood much more rapidly by autotransfusion as compared to what is leaking out from the ectopic site. Only when there is no blood to collect the required procedure is applied to the ectopic site. Three doses of cefazolin (1GM) are given postoperatively as a prophylactic by intravenous route. Calcium gluconate 1 ampoule is given intravenously for every 4 pints of blood transfusion.

So far autotransfusion is done to 5 patients only. There is no significant postoperative complications, except that one patient developed hypopotassemia (unrelated to autotransfusion) which was treated effectively with intravenous KCL. In Table I the age, period of infertility, total blood

loss, total amount of autotransfusion, postoperative period and hospital stay are given.

**DISCUSSION**

Disturbed ectopic pregnancy with haemoperitoneum is one of the biggest problems the gynecologists are facing is our day to day practice. Even though the patient's condition demands urgent and immediate laparotomy, unless adequate amount of blood is available during operation, it is very risky to start the operation. In

a country like India, getting blood donors for transfusion is difficult. Even if there are blood bank facilities, replacement of blood from the patient's relatives is not at all simple. Most of the time, the patient is brought to the hospital from a far distance by only few people who are unfit to be blood donors, or they may not like to donate blood even for their own patient. Autotransfusion is the only means we have in our hand to solve these problems. Autotransfusion is very simple and life saving.