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Successful Control of Severe MTP Haemorrhage by Cervical Sutures and Intrauterine Foley's Catheter Temponade

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A Case Report

We are presenting this case report of severe
uncontrolled haemorrhage associated with medical
termination of pregnancy which did not respond to usual
measures but responded to cervical sutures and
intrauterine temponade.

Mrs. RD., 32 years old lady came to the family planning, out patient department with two months pregnancy for medical termination of pregnancy and laparoscopic sterilization. She was a sixth gravida with three li\'ing issues and two spontaneous abortions. On examination, she was of average built, her pulse was 80/ minute, blood pressure was 110/80 mm Hg, abdomen was soft. On per speculum examination, cervix was hypertrophied with a circumoral erosion and per vaginum examination confirmed eight weeks gestation and free fornices.

After putting the patient under general anaesthesia, cervix was dilated upto number 8 Hegar's dilator and suction vyas done with Karman's cannula. Even after suction evacuation was complete the patient continued to bleed profusely from the uterine cavity. Check curettage was done to confirm an empty uterine cavity. Injection methergin was given intravenously and a 20 units syntocinon drip was started. As the bleeding continued still, injection prostodin was given intramuscularly. Despite the above steps, bleeding was found to be incessant. Stitches were taken·at 3 O'clock

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positions of the cervix to ligate the descending cervical vessels. The bleeding decreased immediately but did not stop fully.

There was a spurt of haemorrhage from the i.ns1de
of the anterior lip of cervix which did not stop with a stitch applied locally. When a stitch was taken involving the whole thickness of cervix, bleeding spurt stopped. There was a trickle from the main uterine ca \'ity, also to provide additional haemostasis a Foley's catheter was put inside the uterine cavity and inflated to provide balloon temponade. The laparoscopic sterilization of the patient was done uneventfully. The patient was put on antibiotics and the Foley's catheter was removed after 2-l hours. The patient was discharged the next day.

The simple procedure was found to be extremely
useful for the profuse bleeding following MTP and can be used as a measure before resorting to extreme measures like laparotomy and ligation of uterine or internal iliac vessels for uncontrolled haemorrhage.

Discussion

In this case bleeding occurred from uterine cavity
which stopped with foley's catheter balloon temponadc. As there was bleeding from endocervix and raw areas of cervix deep haemostatic sutures were taken in the cervix to ligate the descending cervical artery and other blood supply to cervix which was effective by blocking all blood supply to the cerv ix

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