

# Packing – An Effective Measure to Control Post Caesarean Bleeding in Placenta Praevia

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## Summary

Haemorrhage is one of the commonest cause of maternal mortality. The average blood loss at Caesarean Section is about 0.7-1.0 litre. In cases of placenta praevia blood loss is > 1.5 litres. Total no. of deliveries in one year at Sultania Zanana Hospital, Bhopal were 7546. LSCS was done in 1148 cases out of which 69 were operated for placenta praevia. When conventional methods to control the bleeding failed, intra uterine packing was done in 10 cases and all of them survived with uneventful postoperative period. It is safe, simple to apply, preserves physiological functional uterus and fertility and decreases morbidity and mortality due to placenta praevia.

## Introduction

Obstetrics is "bloody business". Haemorrhage is one of the commonest causes of maternal mortality. As per the survey of the Registrar General of India (1991) common causes of maternal deaths were haemorrhage 24%, anaemia 19% & abortions (where in ultimate cause of death is mostly haemorrhage & sepsis) 12%. The average blood loss at caesarean is about 0.7-1.0 litre. In cases of placenta praevia blood loss is > 1.5 litres. This is due to uterine atony and limited ability of lower segment to contract & stop bleeding from vascular sinuses. Serious post partum haemorrhage can be arrested with uterine packing.

## Material and Methods

This study was carried out at Sultania Zanana Hospital, Dept. of Obstetrics & Gynaecology, Gandhi Medical College, Bhopal from 1<sup>st</sup> Jan 1998 to 31<sup>st</sup> Dec. 1998.

**Table I: Observations (1<sup>st</sup> Jan. 1998 to 31<sup>st</sup> Dec. 1998)**

No. of deliveries	7546
No. of LSCS	1148
LSCS done for Placenta Praevia	69
Uterine packing done to control haemorrhage	10

Total no. of deliveries in one year were 7546. Caesarean Section was done in 1148 cases. Out of which LSCS was done for placenta praevia in 69 cases. When there was severe PPH and the conventional methods had failed to control it, then packing of the lower segment was done in 10 cases to control the haemorrhage. Usual abdominal sponge, was packed in the lower segment with its tail pushed into vagina. Uterus was stitched carefully avoiding the pack. Pack was removed after 18-24 hours through vagina (Table I).

## Discussion & Results

Caesarean Section is one of the most commonly performed procedures & haemorrhage is one of the most

serious intraoperative complications. With placenta praevia chances of PPH are very high.

The conventional methods to control bleeding viz 20-40 units of oxytocin in 1000 ml of glucose, 0.2 mg of methergine and 1 mg of prostodin intramuscular or intrauterine can be tried. When these methods fail to control the haemorrhage – tight packing of the lower segment of uterus is done, keeping the tail of the pack protruding into the vagina; so that the pack can be removed after 18-24 hours when the patient becomes haemodynamically stable (Motashaw, 1999). Druzin (1989) reported encouraging results of preventing serious post partum haemorrhage in cases of placenta praevia by tightly packing the lower uterine segment. Ian Donald (1979) had similar experience with uterine packing and could preserve the uterus in cases of placenta praevia.

Packing of lower segment is very effective in controlling the haemorrhage from placental bed in cases of placenta praevia. Our results were very good, postoperative recovery was uneventful. The technique has life saving potential. It is relatively safe, simple to apply, avoids need for hysterectomy, preserves physiological functional uterus with fertility and decreases morbidity and mortality.

## Conclusion

Now a days trend for LSCs in primis increasing & the incidence of placenta praevia increases in a linear way with increasing number of previous caesarean sections. The risk of placenta praevia is highest in the pregnancy immediately following caesarean section. Packing of lower segment of uterus is effective in controlling haemorrhage in cases of placenta praevia and preserves uterus.

## References

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- 3 Motashaw ND. Post Partum Collapse. Obst & Gynaec Today Vol IV 215, 1999.
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