

Comment on “Panicker’s Vacuum Suction Hemostatic Device for Treating Postpartum Hemorrhage”

Hemmanur Samrtha Ram¹

Received: 19 May 2017 / Accepted: 6 June 2017 / Published online: 15 June 2017
© Federation of Obstetric & Gynecological Societies of India 2017

Any vacuum suction cannula system for atonic PPH works on the following principle. After insertion of the cannula into the uterine cavity, when negative pressure applied, soft cervical tissues get sucked into the small holes of cervical portion of the cannula and become adherent. This results in the formation of closed uterine cavity (Fig. 1). Further application of negative pressure results in constriction, contraction and firm retraction of uterus on the surface of the cannula which stops atonic bleeding [1]. Without achieving closed uterine cavity, it is not possible to create effective negative pressure inside the uterus. Purwosunu et al. [2] used inflatable water bulb to achieve closed uterine cavity in their device to stop atonic bleeding.

In his publication, Panicker used a cannula measuring 25 cm long and with 12 mm diameter to stop atonic bleeding after vaginal delivery. This small diameter cannula can occupy only small portion of cervix and uterine cavity of big postpartum uterus. It cannot achieve the closed uterine cavity. We can insinuate three fingers into the cervix even when the suction machine is on. For the same reason, it cannot work. This small diameter cannula with small holes can get blocked easily when the bleeding is massive. Blood starts coming out of cervix when there is recurrence of uterine atony. For the same reason, Panicker recommended to keep many cannulas ready for repeated changing. How many cannulas to be kept ready? And for

Dr. H. Samartha Ram is the Director and Senior Consultant at Sandhyaram Hospital, Katampazhi Puram, Palakkad dist, Kerala, India.

Electronic supplementary material The online version of this article (doi:[10.1007/s13224-017-1026-z](https://doi.org/10.1007/s13224-017-1026-z)) contains supplementary material, which is available to authorized users.

✉ Hemmanur Samrtha Ram
drsamartharam@gmail.com

¹ Department of Obstetrics and Gynecology, Sandhyaram Hospital, Katampazhi Puram, Palakkad, Kerala 678633, India

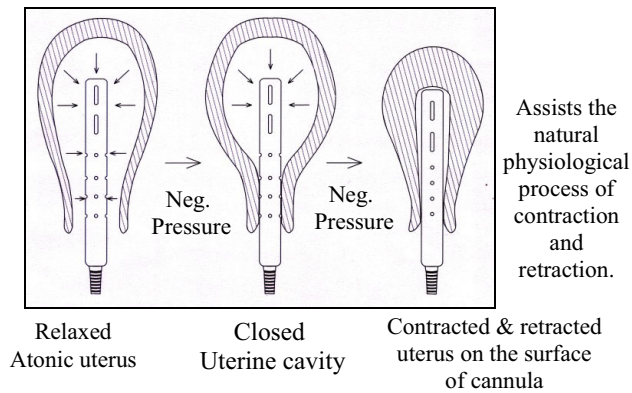


Fig. 1 Mechanisms how negative pressure inside the uterine cavity stops atonic bleeding

how long we should go on changing? Sometimes atonic PPH can recur even up to 24 h.

Panicker’s hypothesis that ‘All the bleeding vessels, arterioles and sinusoids of big postpartum uterus get sucked into the holes of small cannula, which occupy small space

in the uterine cavity and cervix’ is not correct and scientifically not tenable.

This review author did not cite a single reference in his article.

Conflict of interest I declare that I do not have any conflict of interest in this submission.

References

1. Samartha Ram H, Shankar Ram HS, Panicker V, et.al. Vacuum retraction of uterus for the management of atonic postpartum hemorrhage. *IOSR J Dent Med Sci (IOSR-JDMS)*. 2014; e-ISSN: 2279-0853, p-ISSN: 2279-0861. Vol 13, Issue 11 Ver. II, <http://www.iosrjournals.org/iosr-jdms/papers/Vol13-issue11/Version-3/D0131131519.pdf>.
2. Purwosunu Y, Arulkumaran S, Sarkoen W, et al. Control of postpartum hemorrhage using vacuum-induced uterine tamponade. *Obstet Gynecol*. 2016;128(1):33–6.