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Is early intervention using Mansoura-VV uterine compression sutures an effective procedure in the management of primary atonic postpartum hemorrhage? A prospective study

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Background & Aim: Postpartum hemorrhage is the leading cause of maternal death, uterine atony accounts for 75-90% of primary postpartum hemorrhage. The efficacy of the uterine compression suture in the treatment of atonic postpartum hemorrhage is time-tested and can be said to be almost established. The aim of this study was to assess the role of the Mansoura-VV uterine compression suture as an early intervention in the management of primary atonic postpartum hemorrhage.

Methods: This prospective observational study included 108 women with primary atonic PPH over a period of 44 months. Uterine atony was diagnosed when the uterus was soft and failed to respond to ordinary ecbolics. Early intervention by Mansoura-VV uterine compression sutures was carried out within 15 min of the second dose of ecbolics and before progressing to any further surgical procedure.

Results: Following the Mansoura-VV uterine compression sutures, uterine bleeding was controlled in all except one patient (107/108 cases; 99.07%) who required additional bilateral uterine vessels ligation. Another case (0.93%) was subjected to re-laparotomy due to intra-peritoneal hemorrhage. Packed RBC transfusion was needed in 10 cases (9.25%). Admission to ICU was needed in 9 cases (8.33%) because of associated medical conditions. One week following the procedure, one case (0.93%) was diagnosed with hematometra.

Conclusion: Early intervention in cases of primary atonic PPH using the Mansoura-VV uterine compression sutures is an easy, rapid and effective method in controlling PPH in low resource settings.

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