

Compression Sutures Stem Postcesarean Bleeding

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OTTAWA — Uterine compression sutures were an effective and relatively easy treatment for hemorrhage following cesarean section in a series of 28 women at one Canadian hospital.

Placement of compression sutures avoided the need for a hysterectomy in 23 of the 28 patients, and seven of the women treated with a uterine compression suture subsequently had uncomplicated, term pregnancies with cesarean delivery, Thomas F. Baskett, M.B., reported in a poster at the annual clinical meeting of the Society of Obstetricians and Gy-

naecologists of Canada. During 2000-2006, 31,519 deliveries occurred at Dalhousie University in Halifax, N.S. During this period, compression sutures for postpartum uterine hemorrhage were used an average of about once every 1,126 deliveries. All of these were cesarean sections. The rate of suturing for cesareans done during labor was 22 in 4,870 surgeries, a rate of once in every 221 emergency cesareans. The remaining six compression sutures were placed following an elective surgical de-

livery, a rate of once in every 637 cesareans, Dr. Baskett reported in his poster.

The indications for uterine suturing were atonic postpartum hemorrhage in 25 women, placenta previa in two patients, and partial placenta accreta in one patient. Thirteen of the women also required a blood transfusion, and five received intensive care. Four patients required ligation of their uterine/ovarian artery. Among the 22 women who were in labor at the time of surgery, eight de-

veloped postoperative endomyometritis.

In the 25 women with uterine atony, 20 had prolonged labor and dystocia. Many of these 20 women also had associated chorioamnionitis. The exhausted and infected uterus in these patients might not respond to uterotonic drugs, said Dr. Baskett, a professor of ob.gyn. at Dalhousie University. The most common type of suture used was a B-Lynch in 16. Six women received a B-Lynch and square suture, and four got a B-Lynch and vertical suture. ■

Spinal-Epidural Shortens Time to Reactivity in ECV

BANFF, ALTA. — Compared with systemic analgesia, the use of combined spinal epidural analgesia for external cephalic version is associated with a more rapid return of a reactive fetal heart rate tracing, according to findings presented by Dr. Jeanette Bauchat at the annual meeting of the Society for Obstetric Anesthesia and Perinatology.

“CSE [combined spinal epidural] may provide more immediate reassurance of fetal well-being following ECV [external cephalic version],” said Dr. Bauchat of Northwestern University, Chicago.

“Obviously we’d like to provide some pain control during this procedure but we want to ensure a safe analgesic technique,” Dr. Bauchat said.

In her study, 94 women undergoing ECV for breech presentation at 36 weeks’ gestation were randomized to either CSE, consisting of intrathecal bupivacaine (2.5 mg) plus fentanyl (15 mcg), or systemic fentanyl (50 mcg intravenously). Fetal heart rate (FHR) tracings were evaluated for 30 minutes before the procedure and for 60 minutes afterward, for degree of variability, number of accelerations, number and type of decelerations and time to reactivity (TTR). TTR was defined as the time from initiation of analgesia to the development of two 15-beat accelerations of 15 seconds duration, occurring within 20 minutes of each other.


There were no differences noted between the groups for all aspects of fetal heart rate except TTR, which was significantly shorter in the CSE group (13 minutes compared with 39 minutes), reported Dr. Bauchat.

“Overall, 27% experienced some form of deceleration in both groups,” she said. “Post procedure, all the fetal heart rate tracings except for two ultimately returned to their baseline values. These two resulted in emergency cesarean deliveries—one in each group—for persistent nonreassuring decelerations.” A knot in the umbilical cord was identified in the CSE case, she added.


—Kate Johnson

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