Management of massive secondary PPH complicated by the uterine perforation with the use of Bakri Balloon.

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Case History

- Obstetrical History
- Antenatal History
- Delivery
  - Emergency cesarean section
  - Massive PPH 3.5 L
  - Extension of left uterine angle
Post Natal Period

• First admission on 6\textsuperscript{th} post operative day
• Conservative management
• Re-admission on 15\textsuperscript{th} post operative day
• IV antibiotics
Post Natal Period

- Left Hydronephrosis secondary to ureteric ligation confirmed on CT Abdomen and Pelvis
- Left Nephrostomy
- Massive PPH secondary to RPOC
- Uterine perforation during the insertion of Bakri Balloon
- Laparotomy followed by subtotal Hysterectomy, blood transfusion and HDU care.
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Discussion

- Postpartum Haemorrhage is a potentially life threatening event.
- Stepwise approach is required.
- Secondary PPH due to infective aetiology is best treated with broad spectrum antibiotics.
- Few contraindication have been highlighted in literature regarding the use of the balloon.
Lessons learnt

• Use of Bakri Balloon for the management of secondary, increases the risk of uterine perforation due to decrease in resistance due to infection.