USE OF BAKRI BALLOON TAMPONADE IN THE TREATMENT OF POSTPARTUM HAEMORRHAGE: A SERIES OF 50 CASES FROM A TERTIARY TEACHING HOSPITAL
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Background: Massive postpartum haemorrhage (PPH) is one of the most serious delivery complications. Emergency hysterectomy is commonly performed when other conventional treatment attempts fail. Bakri balloon tamponade (BBT) is a novel conservative management option for PPH. Little is known of the effectiveness of this procedure. We report a case-series from a tertiary teaching hospital.

Methods: This is a retrospective case-series (October 2008 – June 2011). Fifty women with massive PPH after vaginal delivery (58%) or cesarean section (42%) were managed by BBT. Hospital charts were reviewed. The main outcome measure was achievement of definitive hemostasis by BBT.

Results: The indications for BBT were uterine atony (16%), cervical rupture (16%), vaginal rupture and/or paravaginal hematoma (22%), placenta previa (18%) and placental retention (28%). The overall success rate was 86%. Seven (14%) of the fifty patients needed additional procedures. Of the seven failures, supravaginal uterine amputation or hysterectomy was required in four cases and embolization of the uterine arteries in three cases.

Conclusion: BBT is a simple, readily available, effective and safe procedure for the management of PPH in selected cases. Laparotomy and hysterectomy can often be avoided. BBT does not exclude the use of other procedures if needed. Even if BBT fails, it may provide temporary tamponade and time to prepare for other interventions or transportation from a local hospital to tertiary centre. We suggest that BBT should be included in the PPH practice guidelines of every obstetric unit.