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American Journal of Obstetrics and Gynecology

Volume 180, Issue 6, June 1999, Pages 1454-1460

Pelvic arterial embolization for control of obstetric hemorrhage: A five-year experience \hat{a}^{-} † \hat{a}^{-} †

Frank Lynch Memorial Essay, presented at the Sixty-fifth Annual Meeting of the Pacific Coast Obstetrical and Gynecological Society, British Columbia, Canada, September 16-20, 1998.

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https://doi.org/10.1016/S0002-9378(99)70036-0

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Abstract

Objective: Obstetric hemorrhage is a significant cause of maternal morbidity and death. Postpartum hemorrhage that cannot be controlled by local measures has traditionally been managed by bilateral uterine artery or hypogastric artery ligation. These techniques have a high failure rate, often resulting in hysterectomy. In contrast, endovascular embolization techniques have a success rate of >90%. An additional benefit of the latter procedure is that fertility is maintained. We report our experience at Stanford University Medical Center in which this technique was used in 6 cases within the past 5 years. **Study Design:** Six women between the ages of 18 and 41 years underwent placement of arterial catheters for emergency (n = 3) or prophylactic (n = 3) control of postpartum bleeding. Specific diagnoses included cervical pregnancy (n = 1),

uterine atony (n = 3), and placenta previa and accreta (n = 2). **Results:** Control of severe or anticipated postpartum hemorrhage was obtained with transcatheter embolization in 4 patients. A fifth patient had balloon occlusion of the uterine artery performed prophylactically, but embolization was not necessary. In a sixth case, bleeding could not be controlled in time, and hysterectomy was performed. The only complication observed with this technique was postpartum fever in 1 patient, which was treated with antibiotics and resolved within 7 days. **Conclusions:** Uterine artery embolization is a superior first-line alternative to surgery for control of obstetric hemorrhage. Use of transcatheter occlusion balloons before embolization allows timely control of bleeding and permits complete embolization of the uterine arteries and hemostasis. Given the improved ultrasonography techniques, diagnosis of some potential high-risk conditions for postpartum hemorrhage, such as placenta previa or accreta, can be made prenatally. The patient can then be prepared with prophylactic placement of arterial catheters, and rapid occlusion of these vessels can be achieved if necessary. (Am J Obstet Gynecol 1999;180:1454-60.)



Keywords

Pelvic arterial embolization; obstetric hemorrhage; placenta accreta; uterine atony

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