BLOODLESS CAESAREAN SECTION IN A HIGH-RISK PREGNANCY – A CASE REPORT

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Introduction: Acute severe haemorrhage is common in obstetrics and poses a serious challenge, especially in high-risk pregnancies predisposed to uterine atony. This case report of the bloodless management of a multiple pregnancy with multiple uterine fibroids illustrates how adequate preparation, a multidisciplinary team and utilisation of Bloodless Medicine and Surgery Protocol can be lifesaving and avoid the several deleterious effects of postpartum haemorrhage and allogeneic blood transfusion.

Case report: A 32-year-old female non-Jehovah's Witness with quadruplets pregnancy, 6cm anterior and 14cm posterior lower segment myomata desired and consented to bloodless care. She had oral iron and adjuncts during antenatal care and was scheduled for elective Caesarean Section at 35weeks 2 days gestation. Preop haemoglobin was 11.4g/dl. Patient was reviewed by a multidisciplinary 'bloodless' team. She received 2gm Tranexamic Acid 30 minutes before commencement of surgery, 800mcg Misoprostol suppository just before making skin incision, 100mcg Carbetocin IV bolus at the time of uterine incision, 0.5mg Ergometrine IM after closing the uterine incision and 8hourly subsequently for 48 hours. Surgery lasted one hour and was uneventful. Patient also received 40IU of Oxytocin into every 500mls of infusion for 48 hours post operatively. Hb was 8.6g/dl on 1st day postop. Patient is receiving intravenous iron postoperatively. Patient and her quadruplets are stable.

Conclusion: Proper preoperative planning aiming to optimize the haematocrit and minimize blood loss are key pillars of bloodless surgery and patient blood management adopted by the World Health Assembly in 2010. Major obstetric haemorrhage can be avoided, among other techniques, by use of multiple uterotonics and modification of the timing of administration. A committed multidisciplinary team is essential.

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Abstract track: Outcomes of bloodless care