HAEMOSTATIC TECHNIQUES ADOPTED DURING MYOMECTOMY TO PREVENT THE USE OF ALLOGENEIC BLOOD TRANSFUSION IN A LOW RESOURCE SETTING

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Introduction: Uterine leiomyoma is the commonest gynaecological tumour in females of reproductive age, highest in Black women. Myomectomy is the surgical treatment of choice in women of reproductive age who desire to preserve their uterus for fertility and menstrual functions. However, excessive haemorrhage during myomectomy remains a major challenge among gynaecologist sometimes resulting in allogeneic blood transfusions with resultant adverse outcomes.

Case Summary: A 35-year-old nullipara was seen in our centre with 32 weeks size uterine leiomyoma and Hb 8.7g/dL. Patient was counselled for bloodless surgery and consented. Optimization of haemoglobin was done using iron sucrose, erythropoietin, parenteral Vitamin C and B12. The preoperative haemoglobin was 11g/dL. Perioperatively, misoprostol and tranexamic acid were used to reduce blood loss. Intraoperatively, tourniquet and diathermy were other blood conservation techniques meticulously used to minimize blood loss. The patient successfully underwent open myomectomy without the use of allogeneic blood transfusions. The post operative haemoglobin level was 9.3g/dL. She was discharged home on post operative day 5.

Conclusion: Excessive blood loss remains a major challenge during myomectomy, but blood transfusion creates other problems. However, with optimization of haemoglobin and the adoption of appropriate and haemostatic techniques, open myomectomy can be conducted safely even for large leiomyomas without the use allogeneic blood transfusion.

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