

# Case Series on embolisation procedures in the management of bleeding in Obstetric and Gynaecological Cases at a new Tertiary Hospital

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## Background

Gynaecology and Maternity services from peripheral hospitals were merged into a larger unit with the expectation of performing approximately 3300 births a year and providing an elective and emergent gynaecology tertiary service. We sought to evaluate our outcomes against published data

## Objectives

To determine the utilisation and outcomes of interventional radiological procedures to reduce uterine blood supply in the setting of elective high risk caesarean sections, post-partum haemorrhage and gynaecological conditions with bleeding

## Methods

A retrospective case series that was conducted reviewing all cases that required Interventional Radiology in the form of internal iliac artery balloon occlusion or embolisation of uterine artery and feeding vessels in AVM. Variables examined:

- BMI
- Length of procedure, time of day of procedure
- Blood loss
- Blood products required
- Complications
- Length of stay
- Admission to ICU
- Ultimate hysterectomy
- Mortality

## Results

Breakdown of Cases From October 2014 to June 2018

	Gynaecology	Obstetric
Elective	6	5
Emergency	3	10
Total Cases = n (%)	9 (37.5%)	15 (62.5%)

Obstetric Cases Demographics

	Mean	Range
Age	32.6 years	29-45 years
BMI	27.5	19.4-47.2
Estimated Blood Loss	2723 ml	500-4000 ml
Duration of Procedure	94.53 mins	37-204 mins
Mean length of stay	8.2 days	2-29 days
Mean length of stay post embolisation	5.2 days	2-15 days
ICU Stay	10 patients (66.6%)	

Gynaecological Cases

Categorisation of Case	n	%
Elective	6	66.6%
Emergency	3	33.3%
Indication for Embolisation		
Conservative treatment fibroids	4	45.4%
AV malformation post miscarriage/TOP	2	22.2%
Post Op Bleeding post hysterectomy	2	22.2%
Menorrhagia	1	11%



**In the 10 cases of postpartum haemorrhage only one woman required an ultimate hysterectomy (10%) which correlates to documented success rates of embolisation being 90%. There was no mortality.**

**In the Gynaecological cases there was one case which went on to have hysterectomy for treatment of fibroids and there was one documented term pregnancy post embolisation for AV malformation**

## Conclusion

Based on the analysis of data, interventional radiology in Obstetrics and Gynaecology should be an option that is offered to women when indicated and the treatment facilitated regionally

## References

1. Hunter, L. A. (2010). "Exploring the role of uterine artery embolization in the management of postpartum hemorrhage." Journal of Perinatal & Neonatal Nursing 24(3): 207-214.