

Intrauterine balloon tamponade in the management of intractable uterine bleeding

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INTRODUCTION: To investigate the usefulness of intrauterine balloon tamponade in controlling postabortion intractable bleeding.

METHODS: Between 1997 to 1999, eight cases of intractable uterine bleeding after surgical abortion were selected to be managed by intrauterine balloon tamponade. The gestational age of these patients ranged from 6 weeks to 10 weeks. All cases had been managed including intravenous oxytocic agents infusion, repeat curettage for removal of retained tissue and/or direct vaginal gauze packing, but failed to control profuse uterine bleeding. We used intrauterine balloon tamponade by placing a Foley catheter into the uterine cavity and distending the balloon for direct compressing bleeding sites within uterine cavity. The volume of water to distend the balloon ranged from 25 to 40 ml, depending on the gestational age of the patient. The duration of balloon retention ranged from 18 to 24 hours. This method successfully controlled intractable bleeding in all cases we managed. In the following pregnancy outcomes of patients receiving balloon tamponade, three cases had a full term uncomplicated vaginal delivery, one case had pregnancy complicated with placenta accreta, and the rest four cases had no gynecologic sequelae in the following 1 year.

CONCLUSIONS: This easy and effective method is valuable in rapid control of uterine bleeding. Therefore, in the management of intractable uterine bleeding, intrauterine balloon tamponade should be the best choice prior to use any invasive methods, such as hypogastric arteries ligation/embolization or hysterectomy.