

OMG!!

WHAT JUST HAPPENED?

THE DAY IN THE O.R. YOU NEVER WANT TO HAVE!



Marius Pienaar

► No Disclosures



► Objectives:

- At the conclusion of this activity, participants will be able to avoid and manage a variety of intra operative obstetric complications

MP1



Prince Rupert

Center of the universe



Slide 4

MP1 Marius Pienaar, 2017-12-20



Grand Trunk Pacific Railroad



One Road leaves Town: Prince George 8 hours away

One flight from airport: Vancouver

6 Specialists

16 GPs : 3 are GPAs
2 are C sectionists



Before the OR....

Breech deliveries

Instrument deliveries

Uterine Prolapse



Breech: 2 Tips

1) Keep the back facing the roof

2) Don't pull

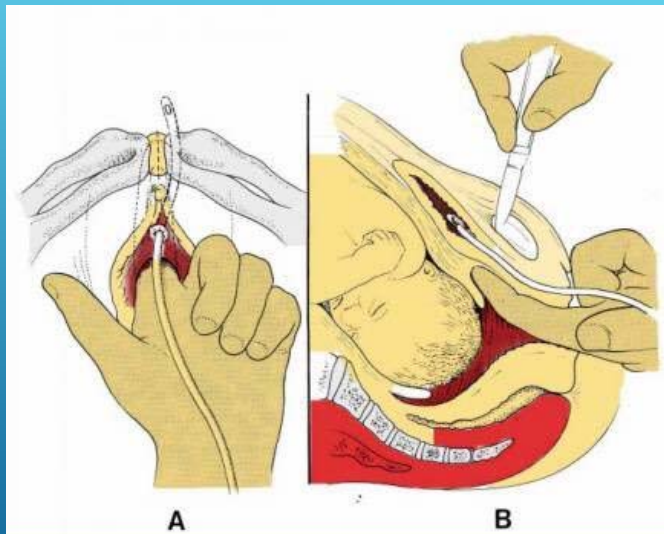


Breech

If the head is stuck:

- 1) Symphysiotomy
- 2) Zavanelli

Off the record: IV Ventolin / Nitroglycerine





3 X C section followed by 'compassionate' hysterectomy

Instrument deliveries

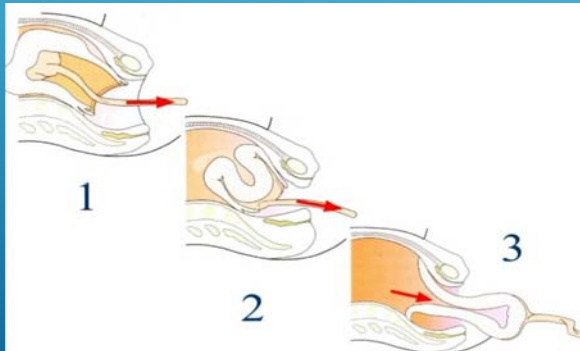
NO MID PELVIS

NO 2 Instruments

Stick to the rules!

(If you have lots of experience with forceps: OK. Otherwise stay away.)

Uterine Inversion



A true obstetrical emergency!

Uterine Inversion

Replace: If not possible:

Get help

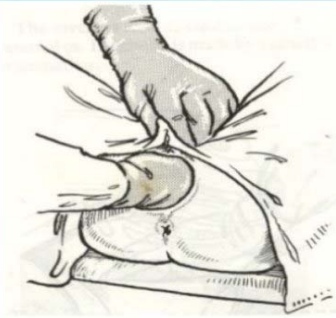
Get OR

Get Lab

Get Second IV

Get Blood

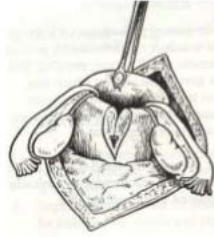
O'Sullivan's hydrostatic method



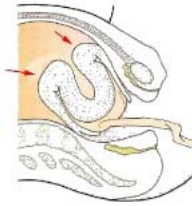
- Tube passed into the posterior fornix
- Assistant close vulva around operator's wrist
- Warm saline run in until pressure gradually restores position of uterus



SURGICAL REPLACEMENT OF UTERUS



- Constricting ring stretched



- Posterior part of ring divided
- Fundus hooked up and resutured



In the O.R.

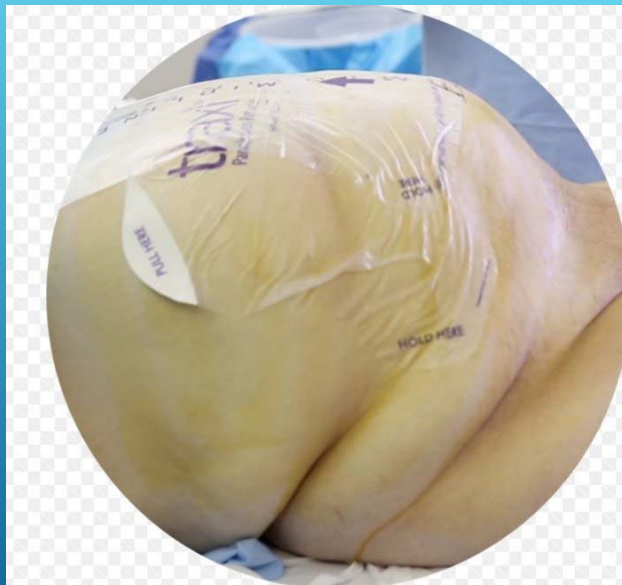
OBESITY



Mobius Retractor



Traxi Panniculus retractor





Non-Sterile Application

Extra antibiotics

Fat layer

Longer instruments

Cochrane: No drain

Azithromycin after ROM

Compression stockings/LMWH

(Enoxaparin 80mg/d, 40 mg after discharge X 2 weeks)

Mobilize, hydrate



Impossible to deliver the fetal head:

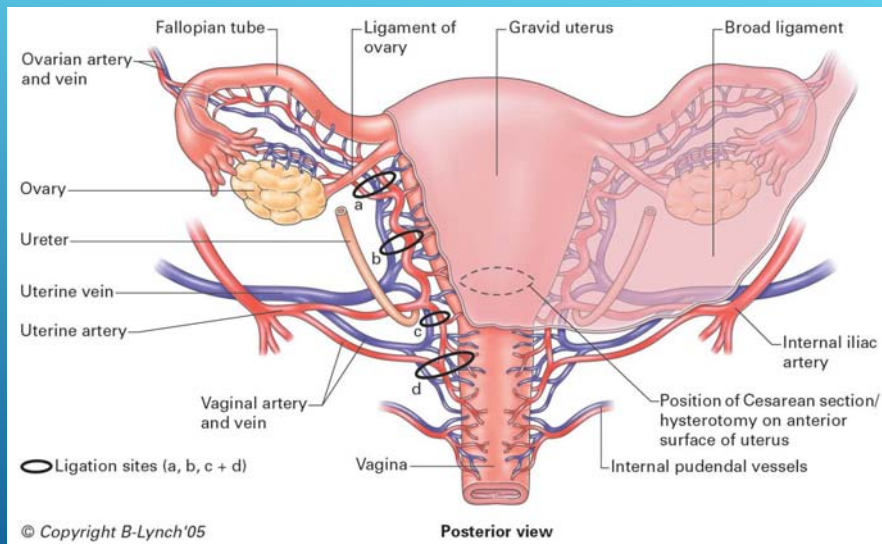


Impossible to deliver the fetal head:

- Extra helper to push up
- J Incision – avoid T
- FLAT HAND
- One blade of forceps
- Kiwi retractor
- Relax uterus: Nitroglycerine



J Incision – avoid T



Arm/ shoulder prolapse:

Replace!

Lateral Tears:

Prevention: Do not extend uterine incision sharply

Tear up and down, not sideways

Hand behind uterus during repair

Too low incision:



(Personal Scandal)

Bladder injury

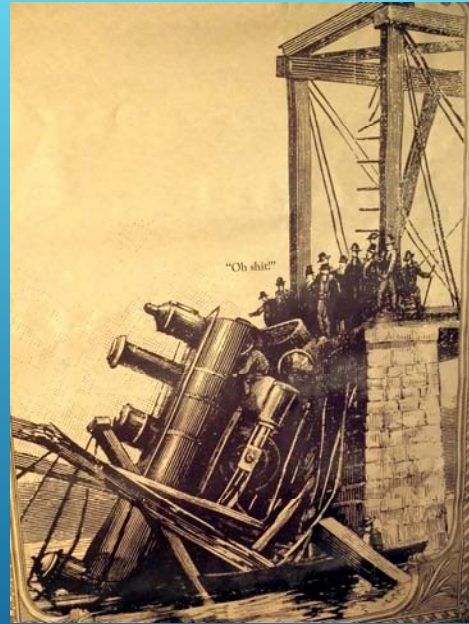
Repair and catheter

Ureter injury

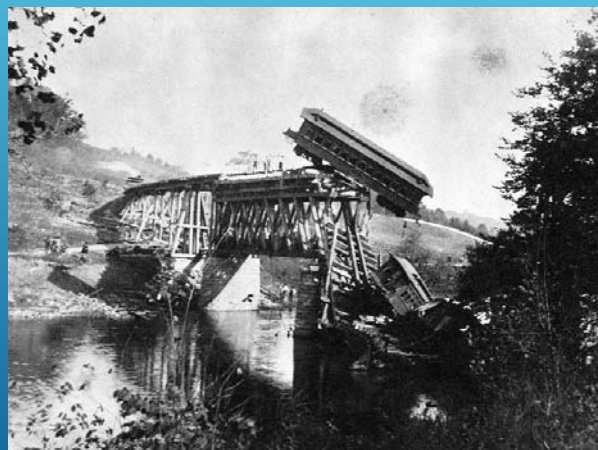
Close and refer

Bowel Injury

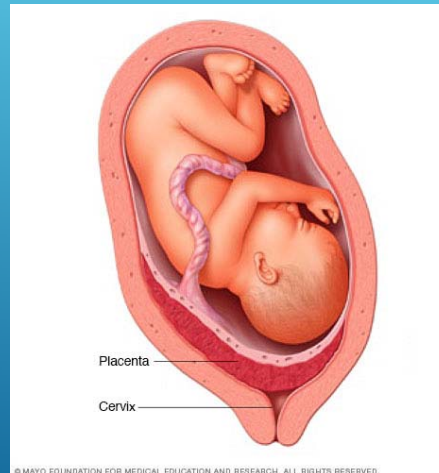
Repair and pray



Abnormal Placentation



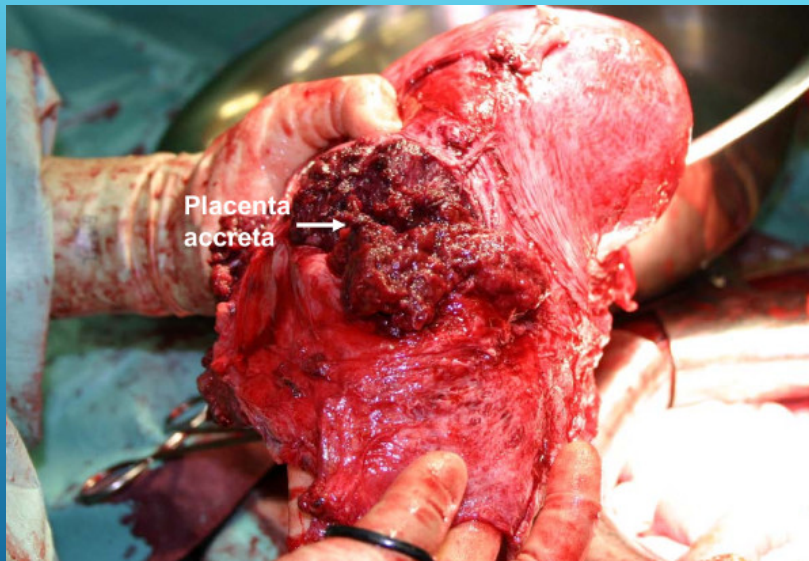
Unexpected Preavia



Unexpected Placenta Accreta

DON'T TOUCH!!!





Incidental Fibroid:

Leave them alone, no matter how tempting

Incidental Ovarian Cyst:

It depends....

Amniotic fluid embolism

SCHOCK

Get OUT!

DIC

Pack

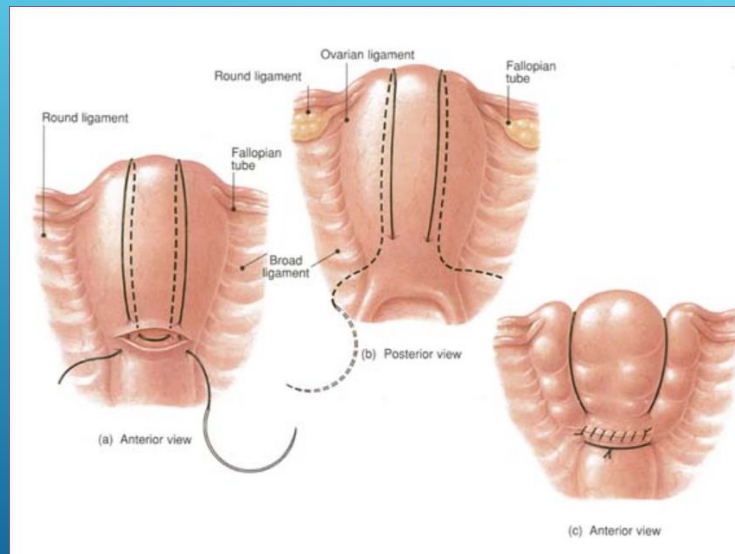
Get OUT!

Massive Post Partum Haemorrhage



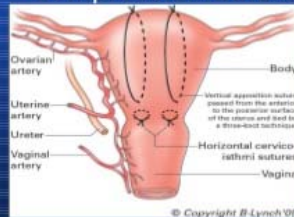
**STAY
CALM**

B-Lynch



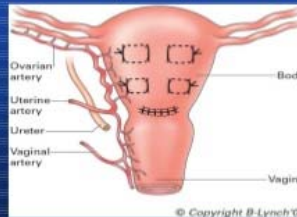
OTHER COMPRESSION SUTURES

▪ Hayman Uterine Compression Suture



© Copyright B-Lynch '05
Global Stitch By
Dr. Gunasheela Bangalore

Cho's Multiple Square Suture



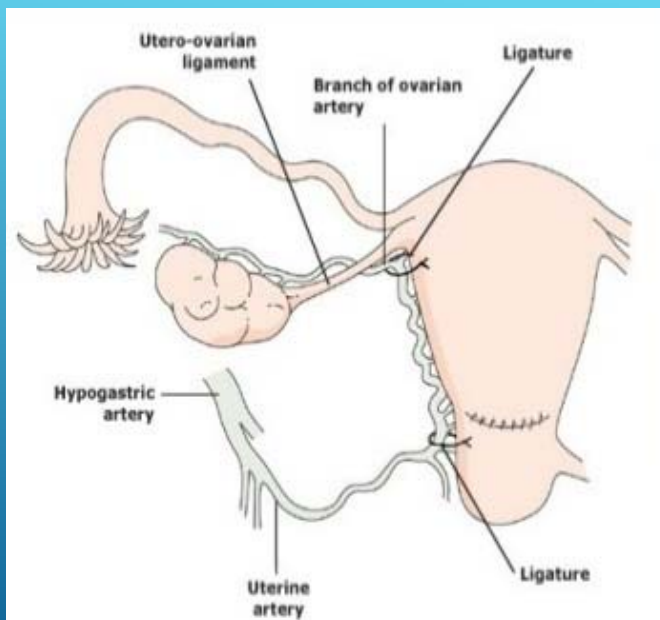
Partial ischemic necrosis of the uterus following a uterine brace compression suture

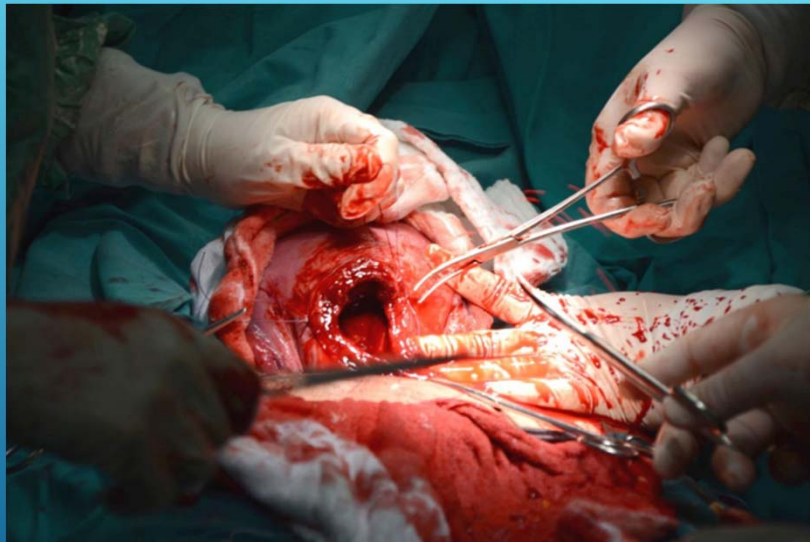
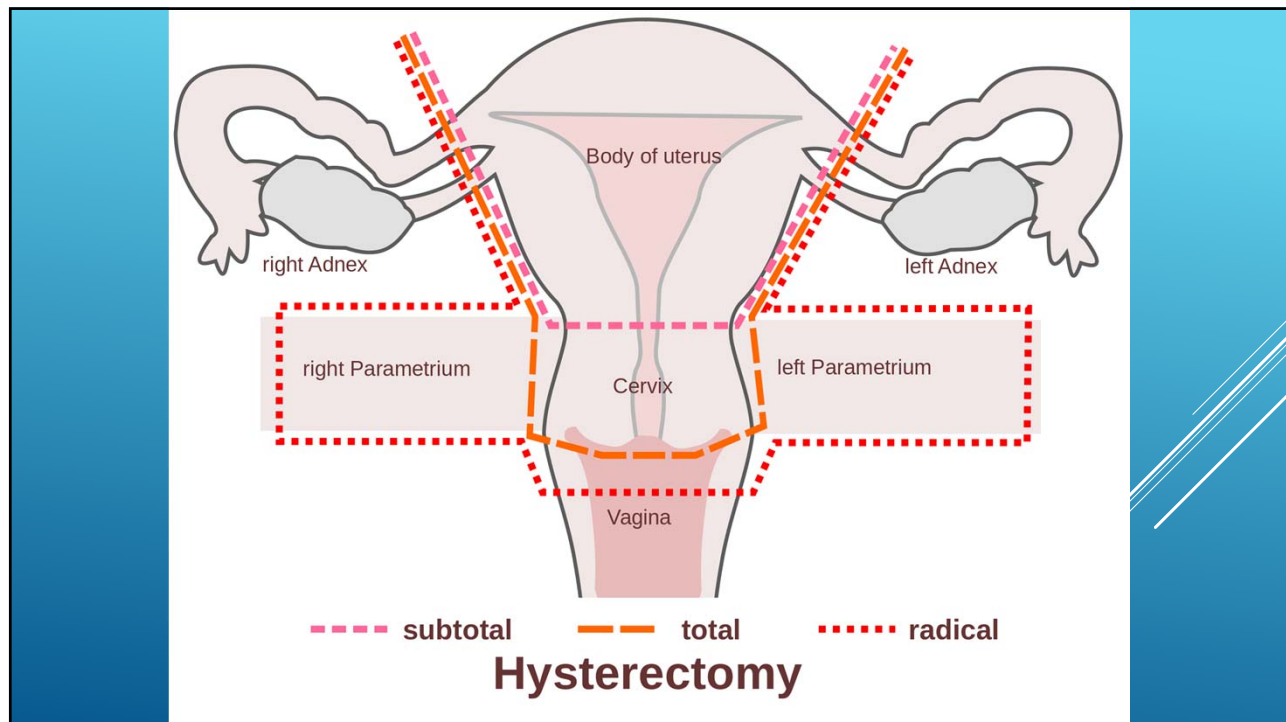


- The uterus as it appears at laparotomy, 24 hours following a uterine brace suture.
- An example of poor technique
- No exit point for drainage of the uterine cavity



Internal Iliac ligation???





Non pneumatic anti shock garment



Abdominal Pregnancy

