

EMBOLOTHERAPY FOR BLEEDING PROBLEM AFTER DELIVERY (POSTPARTUM HEMORRHAGE)

Information for patients

Introduction

- Embolotherapy is an interventional procedure in which clotting or occluding agents are delivered to an organ through blood vessels. It is performed to control severe internal bleeding such as postpartum haemorrhage (severe bleeding after natural delivery or delivery by Caesarian Section).
- The goal of the procedure is to stop the internal bleeding and save your life.
- The procedure is performed by radiologists with special training in interventional radiology.
- The procedure is performed in the Department of Radiology or inside the operation theater under image guidance.

Procedure

- After the groin is anesthetized, the femoral artery at the groin is punctured and an arterial sheath inserted to provide an access to the arterial system. An alternative access is from the upper arm.
- An angiographic study with contrast medium injected through a small catheter is performed to look for the site of bleeding.
- Embolic material is delivered to both internal iliac arteries in the pelvis through a catheter. A smaller coaxial catheter through the original catheter may occasionally be used to spare or bypass normal structures. The type of embolic agent used depends on the circumstances. Usually a temporary agent (like gelfoam) is used. A permanent agent (like PVA particles, fibred metallic coils or NBCA tissue glue) may be used if needed. A check angiogram will be performed at the end of the procedure to confirm cessation of bleeding.
- The procedure takes approximately one to three hours, depending on the complexity of the procedure.
- At the end of the procedure, the catheter is removed. If the condition of the patient is stable, the arterial sheath may also be removed and bleeding from the puncture site is controlled by pressure or other means. If the clinical condition is unstable, the sheath may be left behind in case re-embolization is necessary.
- After the procedure, the vital signs (like blood pressure and pulse rate) will be monitored to make sure there is no rebleeding. Patient with severe bleeding may be transferred to intensive care unit after the procedure.

Potential Complications

- Short term local pain and a transient fever (common, resolve in 1-2 days).

- Nontarget embolization to other pelvic organs causing ischemic injury, such as nerve paralysis and result in numbness or paralysis. It is generally rare, as pelvic organs are supplied by multiple vessels.
- Menses and potential for future pregnancy may be affected (uncommon).
- The overall adverse reactions related to iodine-based non-ionic contrast medium is below 0.7%. The mortality due to reaction to non-ionic contrast medium is below 1 in 250,000.

Disclaimer

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