

Editorial

Dutta's Innovative work to prevent PPH

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Introduction

Haemorrhage killed more women than any other complications of pregnancy in the history of mankind. Placenta previa, abruption placenta and uterine rupture are in three important causes of ante partum haemorrhage seen frequently at tertiary level care hospital claiming high maternal mortality and morbidity till date present existing surgical technique to tackle major degree placenta previa is found to be not effective method to control haemorrhage during LUCS causing high incidence of maternal mortality and morbidity. Hence to prevent uncontrolled haemorrhage due to major degree placenta previa, author has advocated new surgical technique (Dutta's) to prevent uncontrolled haemorrhage during LUCS.

Methodology

New technique (Dutta's) were undertaken during LUCS operation in a stepwise Manner > delivery of baby following lower segment incision > bilateral uterine artery ligation > inj. Tranexamic acid (1000 gm) intramuscular > oxytocin infusion (10 unit) > delivery of placenta and its membrane and checked properly > if tear or laceration interrupted suture by catgut 1-0 > uterine wound were closed in two layers by catgut no 1 after securing bleeding from placental site or uterine wound > abdominal wall closed, after toileting the abdominal cavity, in presence of good uterine contraction. Main objective of the study to find out how to reduce maternal mortality and morbidity, after advocating (Dutta's) new technique, during LUCS operation, for major degree placenta previa.

Benefits: Operative findings: good effectiveness to control bleeding, caesarean hysterectomy not required, immediate post operative bleeding – less. Maternal mortality – nil, maternal morbidity – less, good fetal outcome. Follow up up to two years: menstrual cycle normal, future fertility – good

Conclusion

Hence by adopting the new surgical technique (Dutta's) during LUCS it was found to be simple, safe, quick procedure, reduce perfusion pressure, permits time for further steps thereby avoiding unnecessary ligation of hypogastric, bill and caesarean hysterectomy. Maternal mortality and morbidity were also found to be reduced. It is a suitable technique for rural based tertiary care hospital in absence of adequate blood transfusion facility.

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