



## Retention of the placenta

### Step 1

1. Oxytocin, preferably carbetocin
2. Bladder catheterization In case of failure

### Step 2

1. Manual removal under prophylactic ATB coverage

### In case of failure

### Step 3

Surgical intervention (gradual devascularization of the uterus)

- Gradual ligation of aa. uterinae and aa. ovaricae
- Uterine compression sutures
- Ligament aa. iliacaе internaе

**Hysterectomy in a woman of childbearing age is a major intervention that will significantly affect her future life. We approach hysterectomies very carefully and individually.**

### Indications for a Hysterectomy:

- Continued uterine bleeding when previous measures have failed and all available options (pharmacological and surgical) have been exhausted
- Placenta accreta spectrum when clinical findings do not allow conservative surgical management
- Devastating uterine injury
- When the uterus is suspected as a cause of sepsis

**Surgical interventions are performed with i.v. ATB administration.**

Retention of the Placenta