Retention of part of placenta

Step 1

1. Oxytocin, preferably carbetocin
2. Bladder catheterization
3. Perform a gentle revision of the uterine cavity In case of failure

Step 2

1. The same procedure as during uterine atony

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. iliacae internae

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.