Uterine atony

Step 1

1. Uterotonic administration - Oxytocin or carbetocin - Methylergometrine (if hypertension is not present)
2. Insertion of a urinary catheter
3. Uterine massage
4. Manual or instrumental revision of the uterine cavity
5. Prostaglandin administration
6. Tranexamic acid administration

In case of failure - Step 2

Step 2

1. Blood clot removal from the uterine cavity and the vagina
2. Uterotonic and prostaglandin administration
3. Pressure, vacuum, and hemostatic intrauterine device
4. Fibrinogen
5. rFVII administration depending on relevant scenario

In case of failure - Step 3

Step 3

1. Selective catheterization embolization aa. uterinae (if interventional radiology is available)
2. Surgical intervention (gradual devascularization of the uterus)
    - Gradual ligation of aa. uterinae and aa. ovaricae
    - Uterine compression sutures
    - Ligament aa. iliacae internae

In case of failure - Step 4

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.
Performing a Hysterectomy
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.