

Background

- **Atonic postpartum haemorrhage** (PPH) is the leading cause of maternal mortality.
- **Intrauterine balloon tamponade** (IUBT), especially using the Bakri balloon, is the recommended ‘surgical’ intervention if **uterine atony** is the primary source of haemorrhage.
- Normally, the **Bakri balloon** is introduced into the uterus following vaginal birth or caesarean section (CS), exerting a tamponade pressure to control bleeding.
- Conventionally, the Bakri balloon drains **via the cervix and vagina**.
- In rare scenarios, **cervical stenosis** or **surgical obstruction** prevent transvaginal drainage.

Objective

To describe an **innovative transabdominal drainage** technique of the Bakri balloon when conventional transvaginal drainage is unfeasible during CS.

Methods

- **Review of 3 cases** with massive PPH during CS.
- Bakri balloons inserted via hysterotomy incisions.
- **Transvaginal drainage not possible** due to stenosis or surgical obstruction.
- Drainage achieved by passing catheter through **uterine incision**.

Case 1: Haemorrhage with Cho Sutures

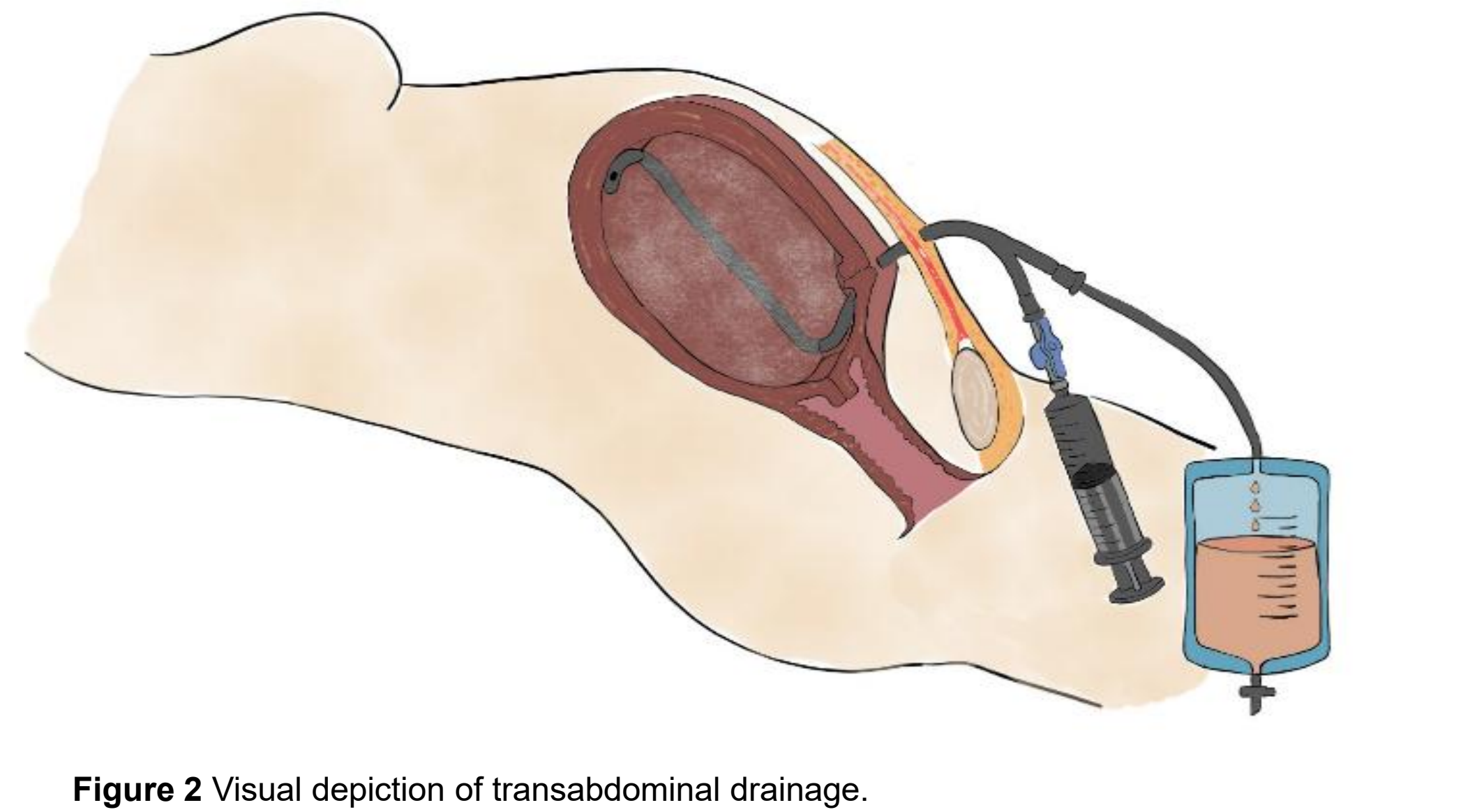
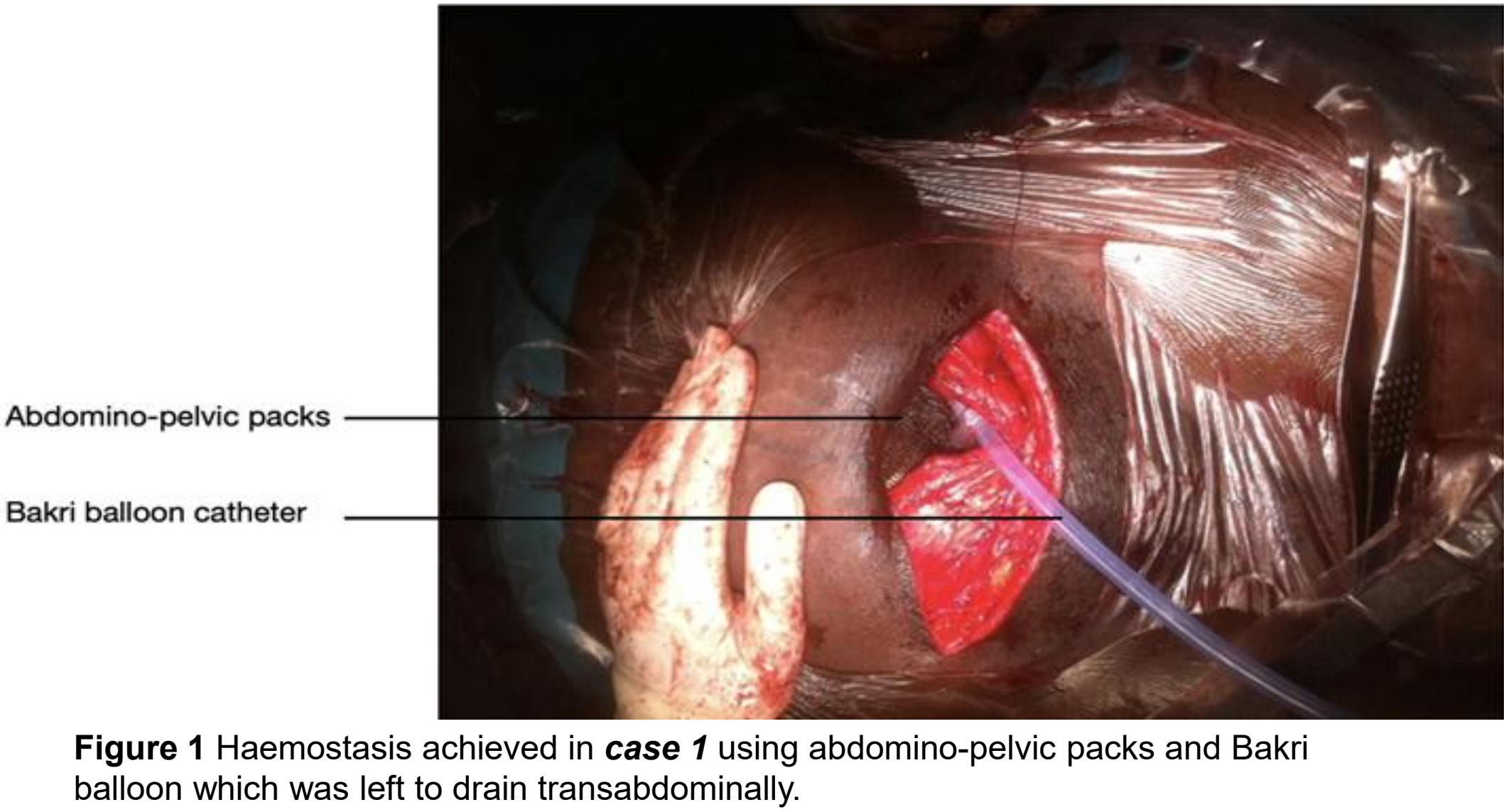
Patient	34-year-old, elective CS for breech and growth concerns.
Issue	Uncontrolled bleeding from undiagnosed placenta praevia; Cho sutures blocked cervical passage.
Action	Bakri balloon and abdominal packs used; transabdominal drainage.
Outcome	5500mL blood loss; balloon removed during 2 nd laparotomy after stabilisation.

Case 2: Prior Cervical Procedure

Patient	39-year-old, history of LLETZ, 4 th CS at 30 weeks.
Issue	Cervical stenosis likely due to prior LLETZ; accreta managed conservatively.
Action	Bakri balloon inflated and drained transabdominally.
Outcome	1600mL blood loss; successful removal after 24 hours.

Case 3: Cervical Stenosis After Multiple CS

Patient	35-year-old, 5 th caesarean section.
Issue	Dense adhesions and stenosed cervix; vaginal catheter passage blocked.
Action	Bakri balloon inserted and drained transabdominally.
Outcome	4500mL blood loss; balloon removed via abdominal route after 24 hours.



Discussion

- **Transabdominal drainage** offers a **practical, life-saving alternative**:
 - ✓ Allows continuous drainage and pressure control
 - ✓ Avoids further cervical trauma or delays.
- Previous cases support the feasibility of this technique, though they remain limited in number.
- In this series:
 - Transabdominal approach was used in **3 complex CS cases**
 - All achieved **successful hemostasis**
 - No long-term uterine defects noted on follow-up scans

