

4.3.11. Case report: use of CELOX™ PPH in a severe case of PPH.

Postpartum Haemorrhage: use of CELOX™ PPH.

Schmid BC, Rezniczek GA, Rolf N, Maul H. Am J Obstet Gynecol. 2012; 206(1):e12-e13.

Case report (n=1)

- Reporting of a case of PPH where conservative treatment proved ineffective, and CELOX™ PPH was used
- Tight uterovaginal packing with CELOX™ PPH was performed in an effort to arrest recurring haemorrhage
- CELOX™ PPH achieved haemostasis and remained in place for 36 hours*
- By achieving haemostasis, CELOX™ PPH prevented a seemingly inevitable hysterectomy
- The ease of application and cost-effectiveness of CELOX™ PPH present a promising addition to the treatment options for PPH

The use of CELOX™ PPH for the control of severe PPH has been described in the case of a 32-year-old woman who underwent an elective caesarean section delivery and where conservative interventions to control uterine bleeding had failed (Schmid et al, 2012). Oxytocin administration initially achieved haemostasis on two occasions, but subsequent bleeding occurred. Curettage revealed no retained placental tissue, and the clinical picture was compatible with uterine atony. As control of bleeding had not been achieved the decision was taken to perform tight uterovaginal packing with CELOX™ PPH. The clinicians noted that a hysterectomy was the only remaining alternative. Application of CELOX™ PPH resulted in haemostasis, and the gauze was left in place for 36 hours*. After removal of the CELOX™ PPH, no more bleeding occurred.

*CELOX PPH is approved and indicated for use with a maximum insertion time of up to 24 hours