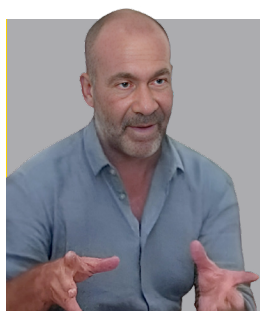


CLINICIAN FINDINGS:

- Quick and effective haemorrhage control
- Enhanced solution where balloon catheter not effective
- Preservation of anatomical integrity



Fundamental aid without which my patient would have required 'hysterectomy following a massive postpartum haemorrhage due to central accretism'



'Thanks to CELOX™ PPH we saved a uterus. This was one of the most important cases in which having the haemostatic gauze available really made a difference.'

Dr. Claudio Meloni, Director of the Obstetrics and Gynaecology, San Giovanni di Dio Hospital, Florence, Italy



A serious complication for patients giving birth is caused by placental accretism, as Dr. Claudio Meloni, Director of the Obstetrics and Gynaecology Department of the San Giovanni di Dio Hospital in Florence explains: 'Placental accretism is a serious obstetric condition in which the placenta is inserted too deeply into the wall of the uterus.' Of particular concern is 'central accretism, where the affected area is the central uterine segment, often the anterior or lower sections, which makes the removal of the placenta complex and risky.

'In these cases, the placenta does not detach naturally after delivery and can cause massive and life-threatening haemorrhages. Management of accretism requires great surgical precision and, sometimes, emergency hysterectomy is necessary to save the patient's life. Technologies such as CELOX™ PPH, capable of stopping bleeding even in the absence of uterine contractility, are offering new options to avoid removal of the uterus.'



Dr Meloni cited a specific case where the 'placenta, in an anterior position, was partially removed after a fundal incision. The lower uterine segment, affected by accretism, was freed and reconstructed, but in that location the uterus was not able to contract, and the bleeding was massive. There was no possibility of uterine contractility, and a balloon would not have had the desired effect. We introduced CELOX™ PPH transcervically. After a few minutes, the granules of the device formed a mucoadhesive plug, stopping the bleeding.'

'The case I want to tell you about is one in which, without the aid of CELOX™ PPH, which proved to be fundamental, we would have had to perform a hysterectomy following a massive postpartum haemorrhage due to central accretism.'

Follow up with the patient confirms uterine wall intact

As Dr Meloni explains: 'The three-month follow-up confirmed the effectiveness of the conservative intervention. The patient's uterine wall was perfectly intact, with no signs of complications or functional alterations.' He said the clinical facts took on 'even more significant value if one considers the high risk of having to resort to a hysterectomy in similar situations. Not only was the haemorrhage controlled quickly and effectively, but the organ was preserved in its anatomical integrity and potentially also in its reproductive functionality. An outcome that represents, in all respects, a clinical and human success.'

'Neither hysterectomy nor embolisation was necessary, and three months later the patient had a perfectly intact uterine wall.'

Mode of action effective in complex cases

Not only can the use CELOX™ PPH mean the avoidance of hysterectomy and contribute to the preservation of fertility, but Dr Meloni explains that its mode of action can also be of specific benefit for certain patients.

'Because CELOX™ PPH does not depend on the physiological coagulation cascade, it is effective even in complex contexts such as those associated with coagulopathies or states of shock.'

Dr. Meloni's experience adds to that of other gynaecologists who are using innovative devices such as CELOX™ PPH to revolutionise the management of postpartum haemorrhage.

'Bleeding stops within minutes and gauze can be used even in cases where the balloon catheter does not work. It is a fundamental aid, especially in situations related to abnormal adhesion of the placenta.'



CELOX™ PPH
UTERINE HAEMOSTATIC TAMPONADE

For more information visit: celoxpph.com

