

In unexpected and sudden blood loss (even if, Hb: 3,5g/dl), which can be seen in Emergency Surgeries, performing necessary and sufficient fluid resuscitation can delay or reduce the need for blood transfusions

Abstract

Correct communication with the Obstetrics department in emergency obstetric operations is as vital as emergency anesthesia and bleeding management. Clinical communication is of great importance in treatment.

In the occurrence of unexpected and sudden blood loss that can be seen in emergency surgeries, performing necessary and sufficient fluid resuscitation can delay or reduce the need for blood transfusion, even if hemoglobin is 3,5g/dl.

Keywords: emergency surgery, sudden blood loss, blood transfusions, fluid resuscitation, unexpected hemorrhage.

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Introduction

Correct communication with the Obstetrics department in emergency obstetric operations is as vital as emergency anesthesia and bleeding management. We aimed to present the anesthesia, blood and fluid management of a patient admitted to the emergency unit for D&C, who was scheduled for fetal termination with the diagnosis of 45,Xmosaicism at the 19th week of pregnancy and had the head of the fetus remaining in the uterus detached from its body during vaginal delivery following a 5-day induction in the Obstetrics department.

Clinical case

A 34-year-old, G3P2, female patient had her pregnancy terminated at week 19 due to fetal anomaly. The head of the fetus was left in the uterus detached from its body following vaginal delivery. The patient with bleeding was brought to the emergency operating room for D&C.

The patient was sedated with 2 mg of dornicum and 80 mg of ketamine and the head of the fetus was extracted, with pre-surgery values as follows: BP: 118/74mmHg, pulse: 104/min, saturation 97%. Excessive vaginal bleeding was observed during follow-up. Although the blood pressure and pulse did not decrease, the color change on the patient's lips was noticed and the surgical team was warned, upon which general anesthesia was initiated (oro-tracheal intubation was performed by administering 1.5mg/kg of ketamine and 0.5mg/kg of esmeron). Arterial monitoring was performed, and three large veins were opened. Hb was 8,6 g/dl and Hct was 26,6% in arterial blood gas. It was found out that the patient had no crossmatched blood, so sufficient blood was supplied.

Laparotomy revealed atonic uterus and placenta accreta. The mean arterial blood pressure (MAP) was maintained at 40mmHg with rapid fluid resuscitation and vasoactive agents. Bilateral uterine arteries were clamped. In the preoperative period, since surgical cooperation could not be achieved, un-crossmatched blood was not administered despite excessive amount of bleeding, with Hb measured as 3.4g/dl and Hct as 11%. Crossmatched blood was ready within an hour. 3 units of erythrocyte suspension and 4 units of fresh frozen plasma were administered. The operation lasted 101 minutes. Hb was 6.1g/dl and Hct was 19.3% at the end of the operation. 4000ml of crystalloid, 1000ml of colloid, 3 units of ES, 4 units of FFP and 2g of fibrinogen were administered perioperatively, with a 500 ml of urine output. The patient was transferred to intensive care as sedated and intubated (Hb: 7.9g/dl, Hct: 22.9%, platelet: 108.000/uL, BP: 118/74mmHg, pulse: 122/min, SpO2: 99%).

The patient was extubated on postoperative day 1 and transferred to the maternity unit with a stable condition and no sequela on day 5.

Conclusion

Clinical communication is of great importance in treatment. Placental anomaly and prolonged induction should be taken into consideration in therapeutic abortions and crossmatched blood should be kept ready, keeping atonic uterus in mind. In the occurrence of unexpected and sudden blood loss that can be seen in emergency surgeries, performing necessary and sufficient fluid resuscitation can delay or reduce the need for blood transfusion, even if hemoglobin is 3,5g/dl.

Authors' contributions

AA and AE designed the study and drafted the manuscript. ŞPE, ŞG and AA collected the clinical and laboratory data. All authors read and approved the final manuscript.

Conflicts of interest

The authors declare that there is no conflict of interest regarding the publication of this paper.