

SPEAKERS



Assoc.Prof. Patchareya Nivatpumin

· Department of Anesthesiology



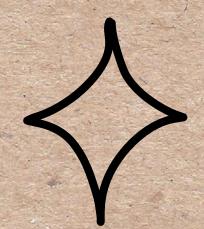
Aj. Pattarawan Limsiri

• Department of Obstetrics & Gynaecology



Assoc.Prof. Parichart Permpikul

• Department of Transfusion Medicine



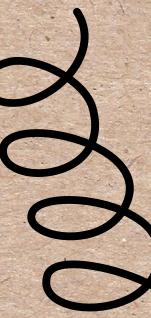
^{SO} CASE

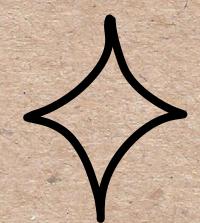
A 37 year-old, Thai female G1POAO GA 39 weeks with PROM with GDMA1 with AMA

- · No history of previous surgery
- No drug allergy, No underlying disease
- BW 62 kg, Ht 159 cm
- NP0 time 8 hours



Set OR for Caesarean section due to failed induction

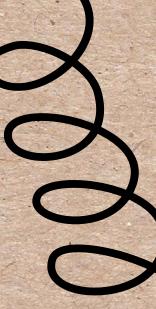


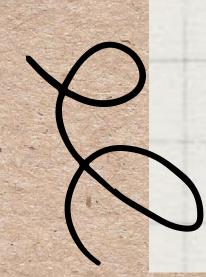


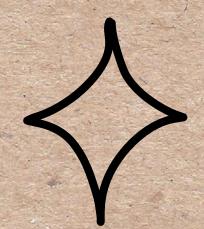
^{SO} CASE

Ultrasound

- Myoma uteri size 10.6 x 11.8 cm at anterior upper part of uterus (first diagnosis at GA 13 weeks), no previa
- placenta at anterior high position
- EFW 2900 gm







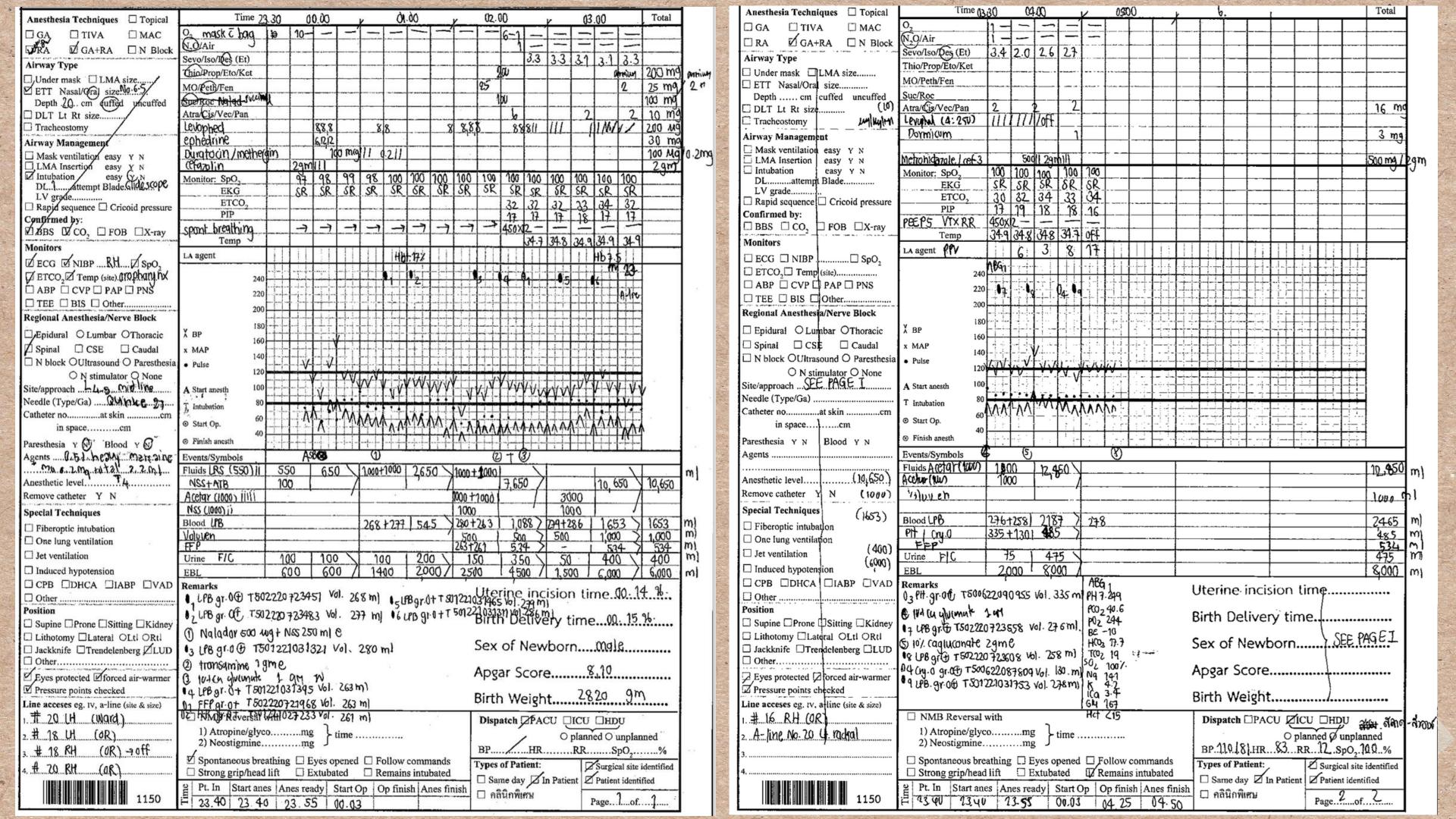
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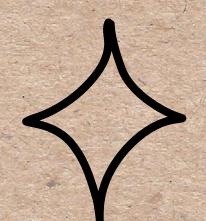
Pre-operative laboratory

• Hb 12.6 g/dL, Hct 39%, platelets 205,000 /uL

Cross match for OR: Type and screen

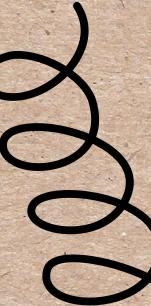


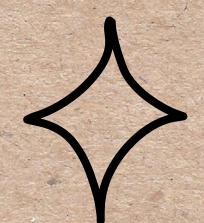




INTRAOPERATIVE EVENTS

- EBL 8000 mL
- Total urine output 475 mL (50-100 mL/h)
- Tranexamic Acid 1 gm 1V



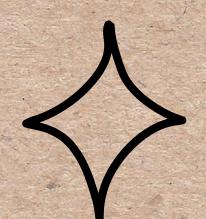


SUTEROTONIC AGENTS

- Carbetocin 100 mcg 1V
- Methylergometrine 0.2 mg 1V slowly push
- Sulprostone 500 mcg 1V drip 150 mcg/hr

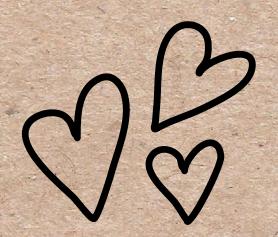






INTRAOPERATIVE TRANSFUSION

- LPB 9 unit (2465 mL)
- Platelet 6 unit (335 mL)
- Cryoprecipitate 6 unit (130 mL)
- FFP 534 mL



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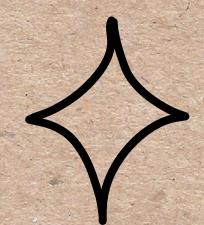
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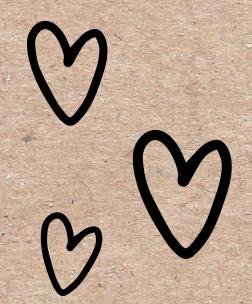
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^{SO} POST-OPERATION

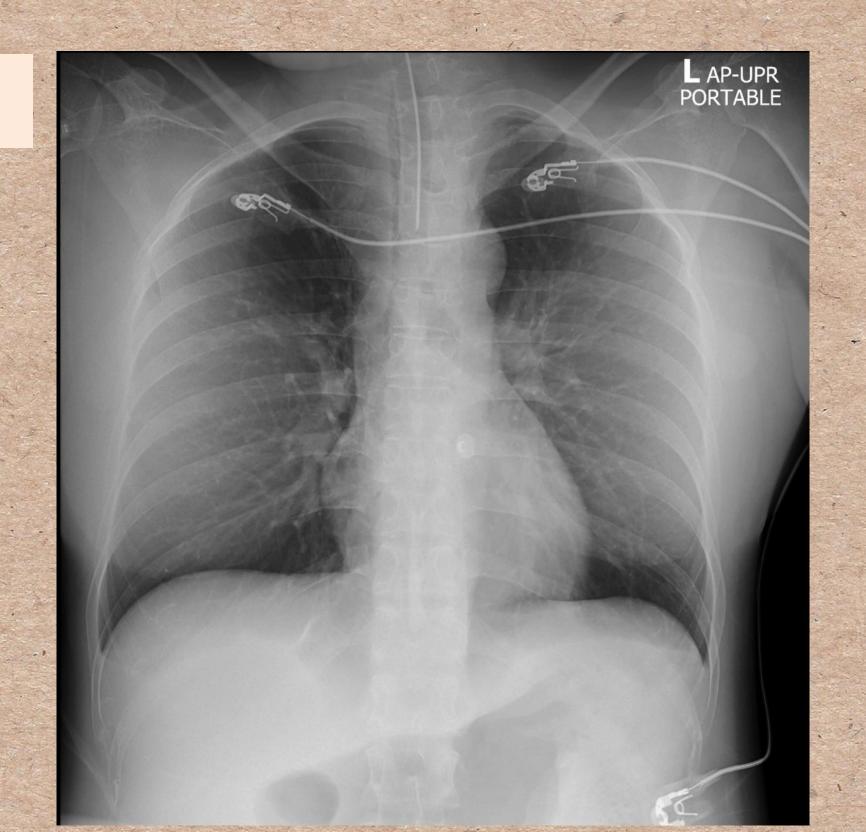
- Post-operative 1CU admission
- Remained intubation





POST-OPERATIVE INVESTIGATION

CXR







POST-OPERATIVE INVESTIGATION



CBC

Hb 10.5 g/dL Hct 32% plt 58,000/uL WBC 7,700 /uL

Coagulogram

APTT 30.7 s
PT 16.5 s
INR 1.44
Fibrinogen 139.2 mg/dL



POST-OPERATIVE INVESTIGATION



Blood chemistry

Na 137 mmol/L

K 3.7 mmol/L

CI 112 mmol/L

HCO3 16 mmol/L

BUN 5.9

Cr 0.24

lactate 3.7

iCa 4.86

ABG

pH 7.428
pO2 198 mmHg
pCO2. 27.5 mmHg
O2 saturation 99.5%
BE -5.1

0

POST-OPERATIVE INVESTIGATION

HEMATOLOGY

| | 01/10 | 01/10 | 14/08 |
|---------------------------|-------|-------|-------|
| | | | |
| | 18:15 | 06:00 | 09:30 |
| Absolute monocyte | 0.33 | 0.15 | 0.43 |
| Absolute lymphocyte | 0.91 | 0.30 | 1.21 |
| % Basophils | 0.2 | 1.0 | 0.4 |
| % Neutrophils | 80.8 | 71.5 | 75.7 |
| MCHC | 34.4 | 32.8 | 32.3 |
| Hematocrit | 25.3 | 32.0 | 39.0 |
| NRC/ 100 WBC | 0.0 | 0.1 | 0.0 |
| Absolute neutrophils | 5.33 | 7.02 | 5.28 |
| Absolute basophil | 0.01 | 80.0 | 0.03 |
| Absolute eosinophil | 0.01 | 0.00 | 0.02 |
| % Eosinophils | 0.2 | - | 0.3 |
| Wbc count | 6.60 | | 6.97 |
| Platelet count | 120 | 58 | 205 |
| MCV | 83.5 | 85.8 | 95.8 |
| Rbc count | 3.03 | 3.73 | 4.07 |
| Hemoglobin | 8.7 | 10.5 | 12.6 |
| Red cell distribution RDW | 14.6 | 14.5 | 13.7 |
| % Monocytes | 5.0 | 2.0 | 6.2 |
| % Lymphocytes | 13.8 | 3.9 | 17.4 |
| MCH | 28.7 | 28.2 | 31.0 |
| **** | | | |

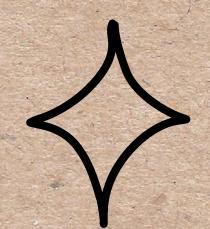
CLINICAL CHEMISTRY

| | 18:12 | 06:02 |
|--------------------------|-------|--------|
| Corrected Ca++(pH7.4) | 4.46 | 4.76 |
| Measured Ca++ | 4.40 | 4.69 |
| Lactate | 2.1 | 3.7 |
| Bicarbonate(HCO3-) | 20 | 16 |
| Potassium (K+) | 3.7 | 3.7 |
| **Anion gap | 8.0 | 9.0 |
| Measured pH | 7.427 | 7.428 |
| Chloride (Cl-) | 108 | 112 |
| Sodium (Na+) | 136 | 137 |
| pO2 | | 198.00 |
| pCO2 | | 27.50 |
| Phosphorus | | 3.1 |
| AST (SGOT) | | 17 |
| Alkaline (ALP) | | 30 |
| O2 saturation | | 99.5 |
| рН | | 7.428 |
| Total Bilirubin | | 0.30 |
| ALT (SGPT) | | 5 |
| **eGFR(CKD-EPI equation) | | 157.92 |
| Base Excess (BE) | | -5.1 |
| HCO3 | | 17.8 |
| Globulin | | 1.2 |
| Total protein | | 2.4 |
| Magnesium | | 1.0 |
| Direct Bilirubin | | 0.19 |
| Creatinine | | 0.24 |
| Albumin | | 1.2 |
| BUN | | 5.9 |

01/10 01/10

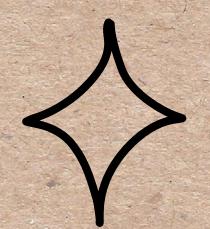
COAGULATION

| | | 01/10 | |
|------------|-------|-------|--|
| | 18:15 | 05:59 | |
| Fibrinogen | 204.7 | 139.2 | |
| INR | 1.07 | 1.44 | |
| APTT | 24.0 | 30.7 | |
| PT | 12.5 | 16.5 | |
| | | | |



PROGRESSION

- Platelets 6 units, FFP 500 mL, LPB 1 unit were transfused at 1CU → coagulation returned to normal
- Extubation 12 hours after the operation was finished
- Hemodynamic status was stable and the patient was tranferred to postpartum ward the next day



TAKE HOME MESSAGE

- Pregnancy with myoma uteri should be concerned as high risk case for postpartum hemorrhage
- Treatment for PPH is a combination of medical, surgical and blood transfusion management
- Massive transfusion protocol should be considered and promptly activated in PPH situation
- Multidisciplinary team communication is important

