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شبكة المعلومات الحامعية

بسم الله الرحمن الرحيم



-Caro-

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شبكة العلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسو

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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شبكة المعلومات الحامعية



بالرسالة صفحات لم ترد بالأصل





EL Minia University Faculty of Medicine
Obestet&Gynecol
Department

EL MINIA BALLOON; AIR INFLATED IN CONTROLLING ATONIC POSTPARTUM HEMORRHAGE

Thesis

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And Gynecology

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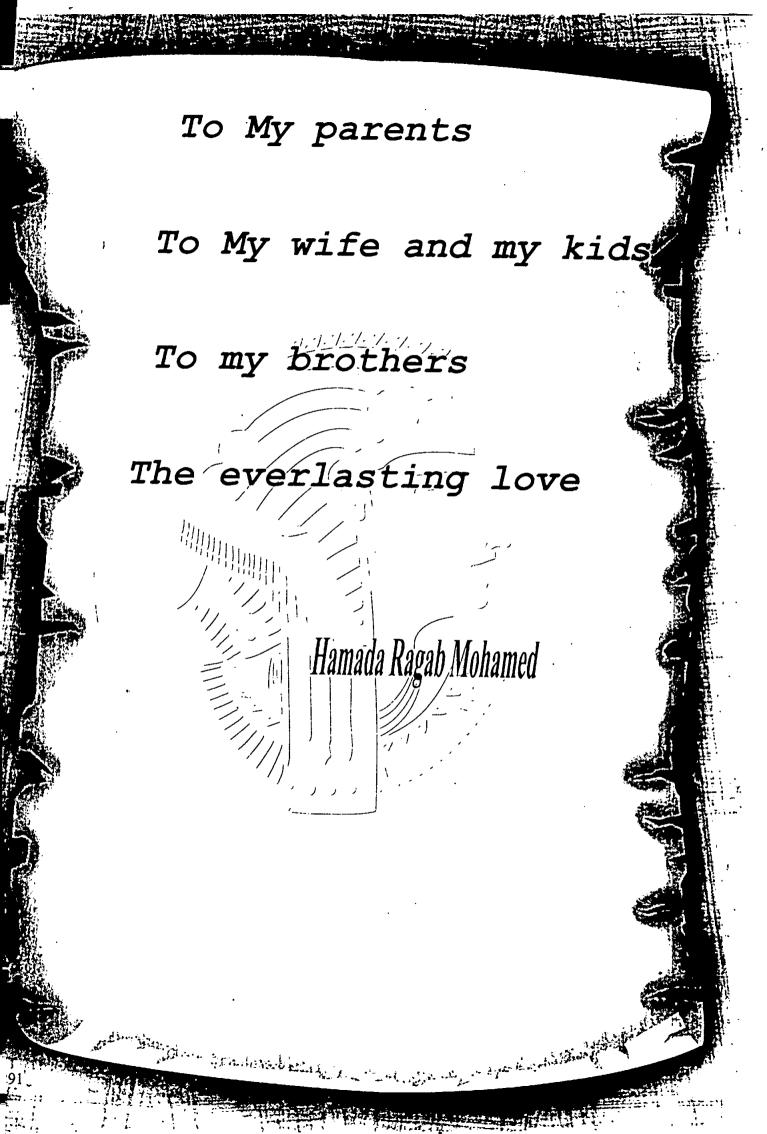
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Abbreviations

W HO World Health Organization	
PPH Postpartum Hemorrhage	
SOGC Society of Obstetricians and Gynecologists of Car	ıada
SOGC Society of Obstetricians and Gynecologists of Car	nada
ALARM Advances in Labor and Risk Management	
CEMD Confidential Enquiries of Maternal Deaths	
GNPRH Global Network for Prenatal and Reproductive He	alth
LD Lethal Dose	
FDA Food and Drug Administration	
CVP Central Venous Pressure	4
GFMR Geneva Foundation For Medical Research	
RCOG Royal Colleague of Obstetricians and Gynecologi	ists
IMM Intra Myometerial	
ACOG American Colleague of Obstetricians and Gynecol	logists
ITU Intensive Therapy Unit	
TSS Toxic Shock Syndrome	



ntroduction

Introduction

It is estimated that every year about 600.000 to 800.000 women die during child birth around the World. In the developing world, postpartum hemorrhage [PPH] accounts for up to half of All maternal deaths[CEMD,2004]. Even in developed countries, intractable PPH occurs in about 1 in 1.000. The latest confidential enquiries into maternal deaths in the UK has listed PPH as the third most common cause of maternal mortality [CEMD,2004] and it should not be forgotten that many women survive with sever morbidity apart from anemia, fatigue, depression and risks of blood transfusion. In the short term, many women require a hysterectomy to save their lives. This results in the loss of fertility in the prime of their lives leading to social and psychological consequences. It is also well known that severe PPH can cause necrosis of the anterior pituitary gland leading to Sheehan's Syndrome [Edwin, 2005]

PPH that occurs within the first 24 hours of delivery is called primary PPH.Common causes are atonic uterus, trauma to the genital tract, presence of retained placenta and membranes, and coagulopathy. Atonic uterus is the commonest cause of primary PPH, acounting for 80% af all cases. Management af atonic PPH needs many steps to face this serious and potentially fatal condition these steps are asking for help, assess vital parameters, blood loss and resuscitation, establish aetiolegy, ensure availability of blood, ecobolics (syntometerine, ergometerin, bolus syntocinon), uterine massage. Oxytocin infusion, prostaglandins I.V, per rectum, I.M,, Intramyometrial, shift to surgical theatre to exclude retained products and trauma, bimanual compression, apply comperssion sutures (B- Lynch, modified B-lynch), systemic pelvic devascularization like uterine artery ligation, ovarian artery ligation, internal iliac artery ligation, uterine artery embolization subtotal or total abdominal hysterterctomy. Now new modality is introduced for management of atonic PPH, it is a uterine tamponade method helps in arresting haemorrhage and allows adequate time to correct the coagulopathy if present. (Edwin, 2005)

Condous et al 2003, described use of Sengstaken Blakemore catheter to create a tamponade test, and has a positive predictive value of 87% for successful management of PPH. If the tampanade arrests the bleeding the chances of the patient reqruiring any further surgical intervention is remote, however, if this fails to control