

The use of a Rusch balloon as a treatment for heavy bleeding from the uterus after birth

Following delivery of your baby, some women may experience heavy bleeding from the uterus (womb). The incidence of this happening is about 1% in our unit. The use of a Rusch balloon is one of the treatment options available to control bleeding from the uterus. If you have any questions or concerns, please speak to your midwife or doctor.

Why do some women bleed heavily after birth?

Normally after the birth of the baby the uterus (womb) contracts, clamping the blood vessels that were feeding the placenta (afterbirth). The uterus should feel firm like a cricket ball after the birth but if this does not happen, you can bleed heavily.

What is done to prevent excessive bleeding?

Drugs can be given either by an injection into the muscle in your thigh or by intravenous injection. Sometimes, it is necessary to give you a tablet or pessary which is inserted into your rectum (back passage). If the bleeding persists, you may need to be taken into the operating theatre and under an anaesthetic, you will be examined to ensure all the placental tissue or blood clots in the womb have been removed. The examination will show if you have sustained any tears or an episiotomy (cut made during the birth) and this will be stitched at the same time.

When is the balloon used?

If the uterus continues to bleed it may be necessary to insert a Rusch balloon. This is inserted through the neck of the womb into the cavity of the womb. When in place its position may be checked using an ultrasound machine while you are in theatre.

How does this work?

The balloon will be slowly filled with warm sterile saline (salt water) until it fits snugly against the wall of the uterus. The balloon will press against the blood vessels that supplied blood to the placenta and stop them from bleeding. The balloon will be filled until there is no bleeding through the cervix (neck of the womb).

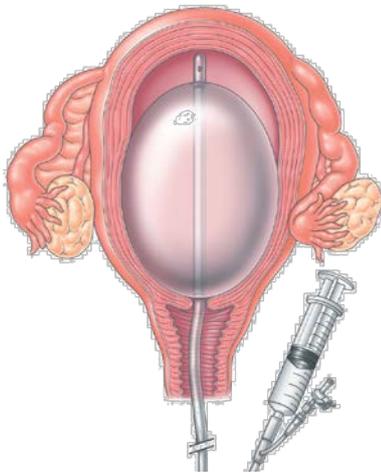
What happens after the balloon is placed inside the uterus?

You will remain in the Delivery Suite where a midwife will monitor your pulse, blood pressure and keep a check on your blood loss. You will have a urinary catheter (fine tube) inserted into your bladder while you are in theatre so that we can measure the amount of urine you pass, as this is a good indicator that you are well.

You will be given intravenous antibiotics (through your vein) and a blood test will be taken after six hours to ensure you are not anaemic, due to the amount of blood you have lost. You will have an oxytocin infusion (a drip which has a hormone added) to ensure that your womb remains well contracted for at least four hours after removal.

The anaesthetist will ensure you are comfortable by giving you adequate pain relief.

Some facts about the balloon:



- This is single-use rubber catheter.
- It can hold 1500 ml when it is filled with saline.
- About 500-600ml of saline may be needed to stop any bleeding (tamponade effect).

When is the balloon removed?

The Rusch balloon will be left inside the uterus for at least 6-12 hours. Sometimes, it may stay in for up to 24 hours if we have any concerns of a recurrence of bleeding. It is usually removed in the morning and you will be observed for bleeding.

Six hours prior to the removal of the balloon you will be asked not to eat or drink except to take sips of water.

Is an anaesthetic required to take the balloon out?

No. It is a simple procedure which is done in two stages; a small amount of saline is drained and you are monitored for half an hour. If there is no bleeding, the balloon will be completely drained and removed. This does not require an anaesthetic.

Why is a vaginal pack or cervical structure inserted in some women?

Sometimes, a vaginal pack is used to ensure the balloon remains inside the womb, as the contractions of the uterus may push it out. This is removed at the same time as the balloon. Occasionally, a suture (stitch) is inserted in the cervix to help keep the Rusch balloon in. The suture will dissolve spontaneously after the balloon is removed. If you do

have a vaginal pack you will be given a pink wristband to wear which will be removed when pack is taken out.

What if this treatment is not successful?

Very rarely bleeding from the uterus continues, and a blood test will be taken to test for a blood clotting disorder as a result of the heavy bleeding. If this is diagnosed, treatment to correct this disorder will be given, but some women may need additional procedures involving either 'interventional radiology' or more extensive surgery.

Can a balloon be used to control excessive bleeding during Caesarean section?

Yes. If necessary, the balloon can be inserted before your uterus is closed and the catheter pushed down through your vagina. The balloon is then inflated with warm saline after the operation is completed.

Can the balloon be used if you come back to hospital with heavy bleeding a few weeks after the birth (secondary postpartum haemorrhage?)

Yes, depending on the size of the uterus when you are admitted. In the majority of cases, heavy bleeding that occurs many days after delivery is usually caused by retained placental tissue or due to infection. Any infection is usually treated with antibiotics. You may also need the uterus to be examined and emptied under an anaesthetic. Occasionally, a small balloon may be inserted to stop any heavy bleeding.

References:

1. Doumouchtsis, Stergios, Papageorghiou, Arulkumaran et al. Systematic Review of Conservative Management of Postpartum Haemorrhage: What to Do When Medical Treatment Fails. *Obstetrical and Gynaecological Survey*. 62(8):540-547, August 2007.
2. Balloon tamponade and uterine packing for major PPH. South Australian Perinatal Practice guidelines.
3. Prevention and Management of Postpartum Haemorrhage. RCOG Green-top guideline 52.

This document can be made available in other languages and formats upon request.

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Approved: Maternity Information Group & Patient Information Manager, September 2018
Review due: September 2020