

Manchester Royal Infirmary Directorate of Clinical Radiology

Information for women who are considering Internal Iliac Artery Balloon Occlusion during high-risk Caesarean Section

Information For Patients



Introduction

Some Caesarean Sections are associated with increased risk of major bleeding due to the location of the placenta in the wall of the uterus. Internal iliac artery balloon occlusion is a procedure which may help to reduce the amount of blood loss.

What is internal iliac artery balloon occlusion?

The main blood supply to the uterus comes through the internal iliac arteries. During internal iliac artery balloon occlusion, fluidfilled balloons are inflated within the internal iliac arteries in order to stop the blood flow. The balloons are deflated and removed at the end of the operation so that normal blood flow is restored to these arteries.

Why should I consider internal iliac artery balloon occlusion?

Preventing excessive blood loss during surgery is very important. At its worst, excessive blood loss can be fatal. Minimising blood loss during surgery will help with saving lives as well as reducing blood transfusion requirements, thus reducing the possibility of complications and length of stay in hospital.

How do I prepare for internal iliac artery balloon occlusion?

No specific preparation is required. Preparation is the same as for a routine Caesarean Section.

What actually happens during internal iliac artery balloon occlusion?

If you are having a spinal or epidural anaesthetic, this will normally be done first.

- You will lie on your back on the operating table.
- The skin in the groin area will be cleaned with antiseptic, draped with sterile towels and numbed with local anaesthetic.
- The radiologist will puncture the arteries in the groin with a needle and use this to insert a tube (called a catheter) into the artery.
- Using the X-ray machine, the radiologist will steer the catheter into the internal iliac artery and check it is in the right place.
- This procedure will be done on the right and the left sides in turn. The obstetrician will then start the Caesarean section.
- After the baby has been delivered, the radiologist may inflate the balloon at the tip of each catheter to block blood flow and thus reduce blood loss while the operation is completed.
- At the end of the procedure, the radiologist will remove the tube from the groin and apply pressure to the groin for a few minutes to prevent bleeding and bruising.

Will it hurt?

There should not be any pain associated with the procedure. If you do feel anything, you must inform the radiologist or anaesthetist. After the procedure you may have some bruising in the groin which may cause some aching or discomfort.

How long will it take?

Placing the balloon catheters takes about 40 minutes.

What happens afterwards?

After the tubes have been removed from the groins, the nurses will monitor your pulse and blood pressure and inspect the groin puncture sites from time to time. The nurses will make sure that any pain is adequately controlled.

What are the risks or complications?

Some bruising at the groin puncture sites is inevitable. This generally settles down without further treatment. Rarely more severe complications occur at the puncture site. These include blockage of the artery to the leg, or a tear in the wall of the artery causing a painful swelling at the groin. These complications may require a further surgical operation to repair the artery.

As part of this procedure, you and your baby will be exposed to X-ray radiation. The X-rays allow your doctor to place the catheters and balloons in the right place. Exposure to radiation can increase the chance of you or your baby developing cancer at a later date. However, this risk is low compared with the potential benefits of the procedure.

How effective is internal iliac artery balloon occlusion?

It is difficult to be certain how effective internal iliac artery balloon occlusion is. On the basis of experience gained over several years we believe that internal iliac artery balloon occlusion is helpful in reducing the blood loss during complex Caesarean Section operations, resulting in reduced requirement for transfusion of blood and blood products and reduced risk of complications.

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Further information can be obtained by contacting the Radiology Department on **0161 276 8588**. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form

Notes

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

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ہماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کےلئے ترجمہ نہیں کرسکتے۔ اگر آپ کومترجم کی ضرورت ہےتو عملے کےکسی رُکن سے کہیں کہ وہ آپ کےلئے اس کا بندوبست کردے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是,家属,亲戚和朋友不能为病人做口译。如果您需要口译员,请叫员工给您安排。



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