CEOG Clinical and Experimental Obstetrics & Gynecology

Letter to the Editor

Comment on "vaginal bilateral cervical lips suture in combination with intrauterine Foley catheter to arrest postpartum hemorrhage"

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Dear Editor,

Qiao *et al.* [1] introduced a novel method to avoid intrauterine balloon prolapse: they placed sutures at the lateral cervix lips (Qiao suture) and, thereby, made the cervix narrow, which prevented intrauterine balloon from prolapse to the vagina, achieving hemostasis for postpartum hemorrhage (PPH). However, my concern is that the balloon may still prolapse from this narrow cervix: at cesarean section for placenta previa, a balloon frequently slides out through "narrow" cervix. Previously, our team introduced the "holding the cervix" technique both to achieve hemostasis of PPH general [2] and to prevent balloon from sliding out [3, 4]. Here, we propose a concept of combined use of Qiao suture and the "holding the cervix" to prevent balloon prolapse. We also would like to describe our experience on the safety of the latter technique.

First, the addition of the "holding the cervix" to Qiao suture may more effectively prevent balloon prolapse than Qiao suture alone. In the "holding the cervix" technique, both anterior and posterior cervical lips are closed by sponge forceps (Figure 1a) [2]. The blood, having no exit to the vaginal side, accumulates within the uterus, tamponading the uterine bleeding surface, leading to hemostasis. Our team applied this "holding the cervix" technique to prevent the balloon prolapse. After placing the balloon within the uterus (or the lower segment), the cervix should be closed, which completely prevented balloon prolapse [3, 4]. This becomes, when indicated, our department protocol for PPH. Especially when the cervix is still wide even after placing Qiao suture: addition of the "holding the cervix" may lead to improved hemostasis (Figures 1b-d).

Second, we would like to describe our experience that the "holding the cervix" did not damage the cervix being held. Although we were the first to report the "holding the cervix", Kawamura *et al.* [5] also reported its effectiveness for preventing balloon prolapse, as Qiao's *et al.* quoted. Qiao *et al.* were concerned about its adverse events. The forceps have been usually removed after 12-24 hours and we

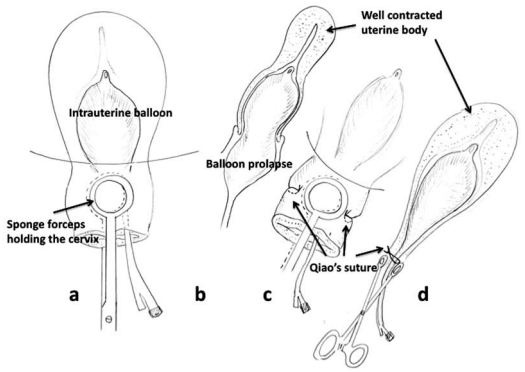

Figure 1. — Schematic presentation of the "holding the cervix" technique and its combined use with Qiao suture. For simplicity, the intrauterine balloon is placed in the lower uterine segment, which is a usual practice at cesarean section for placenta previa. a) The "holding the cervix" technique. The anterior and posterior cervices are held by sponge forceps and, thereby, the cervix is closed. This technique was previously described [2]. b) Qiao suture may make the cervix narrow thereby could prevent intrauterine balloon prolapse; however, balloon can be prolapsed even with this "narrow" cervix. This is typically observed at cesarean section for placenta previa. Uterine body well contracts and thereby pushes the balloon out of the uterus even with the narrow cervix. c and d) Combined use of Qiao's suture and the "holding the cervix" technique. After Qiao's suture placement, when the cervix is still widely open to the extent that the intrauterine balloon may be prolapsed out, the addition of the "holding the cervix" may effectively prevent balloon prolapse.

Revised manuscript accepted for publication September 1, 2015

Clin. Exp. Obstet. Gynecol. - ISSN: 0390-6663
XLIII, n. 1, 2016
doi: 10.12891/ceog3249.2016

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have experienced no cervical injuries, damages, or ischemic events: its safety is already time-tested. The uterine cervices appeared normal at postpartum one-month check-up.

I ask Qiao and colleagues to consider the addition of "holding the cervix" technique to Qiao suture, when the cervix is still wide even after placing Qiao suture. In doing so, the concealed intrauterine or extrauterine (intra-abdominal) bleeding should be closely monitored and its absence should be confirmed.

Acknowledgement

Our team previously described the "holding the cervix" technique elsewhere, which I cited appropriately.

References

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Reply by Qiao *et al.*

Thank you for your interest in our method, Qiao suture. You also propose a concept. However, we believe that every method is effective, and has a different mechanism to arrest hemorrhage. So we propose there is no need to combine them.

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