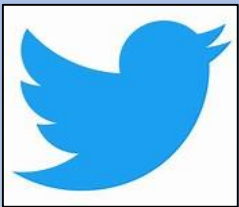
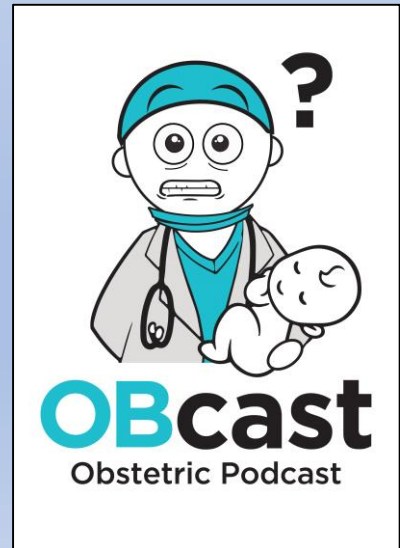


Uterine Inversion

For the reluctant obstetrician...



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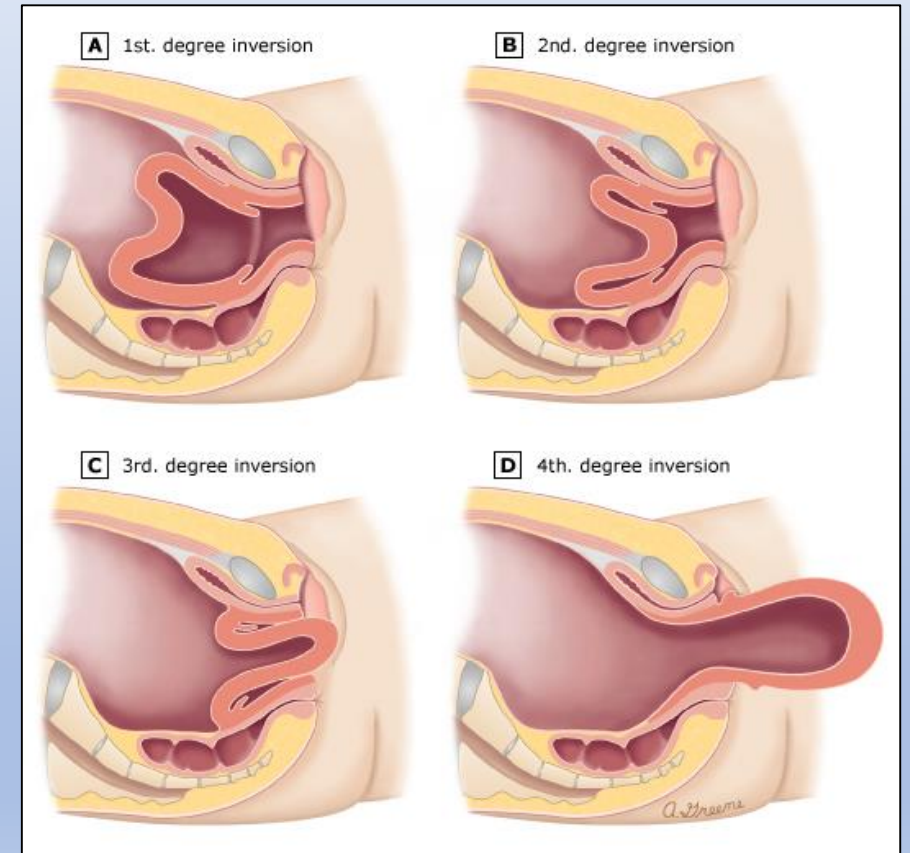


Uterine Inversion

- Uterine inversion = folding of uterus into uterine cavity
- Usually iatrogenic
- 1 in 5000 pregnancies

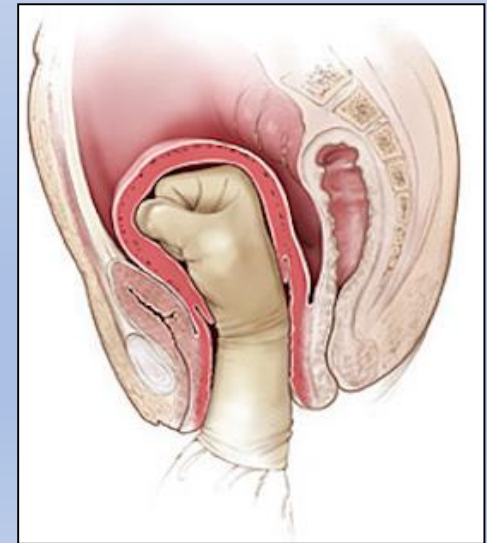
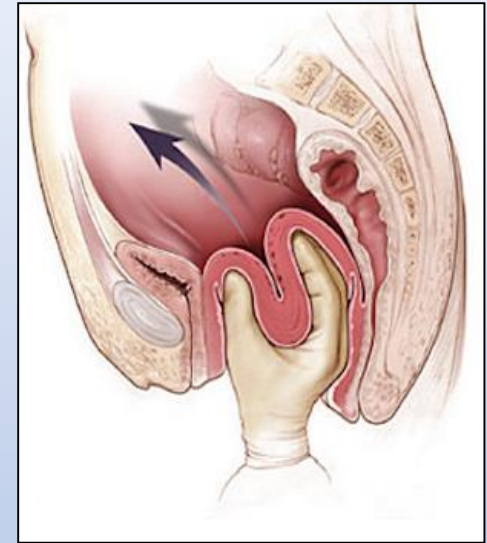
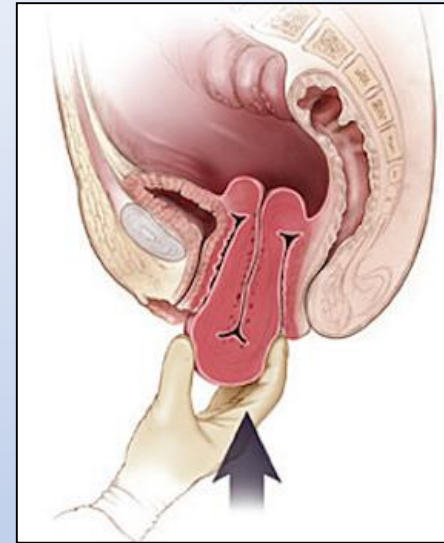
Clinical features

- Severe pain
- Bleeding
- Shock
- Abnormal fundus / mass palpable in vagina or visible outside



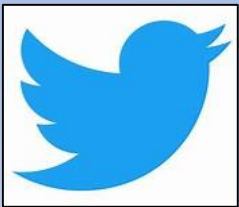
Uterine Inversion

- Replace fundus, then bimanual compression
- May need tocolytic
 - Terbutaline 250mcg subcutaneous
 - GTN 400mcg sublingual
- Do NOT remove placenta
- If fails, O'Sullivan's Hydrostatic Technique
 - Corrects uterine inversion by infusing warm saline
 - 2-4L N/saline via giving sets into vagina, labia held closed
- Operating theatre for:
 - Manual Removal of Placenta
 - Surgical Mx of Uterine Inversion



Uterine Inversion

For the reluctant obstetrician...



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