

## Placenta previa and internal iliac artery ligation

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### Abstract:

Placenta previa is a condition where the placenta covers the opening of the cervix and causes symptoms like antepartum bleeding and intrapartum bleeding after delivery which most of the obstetricians fear about and not be willing to admit the patient in their set up because of PPH and its maternal complications. Since placenta previa demands LSCS, we encounter bleeding, which can be controlled very well with bilateral internal iliac artery ligation and the need for blood transfusion is greatly minimized to almost nil. Most of the times, the placental bed is sutured quickly and the uterus closed with 1-0 vicryl and the uterus is lifted up to visualize the posterior peritoneum, where we can feel the pulsation of the internal and external iliac arteries. By carefully opening the peritoneum, we can easily visualize the bifurcation and also spot the ureter, which always sticks to the posterior peritoneum. By using a right-angled instrument, the internal iliac artery is hooked and 1-0 vicryl is passed and ligated. The same way is done on both sides. Can be taken not to injure the vein behind the artery one can visualize the normal bleeding that patient has, like any other LSCS patient and gives more gratification to the surgeon. But the procedure needs skill and expertise and if this is there in the routine curriculum of a postgraduate, it would help lot more uteri.

### Biography:

Manickavasagam Madhubala has completed 20yrs of private practice in the field of obstetrics and gynecology in a semi-urban place, Tirunelveli, South India. She is the executive director of Lakshmi Madhavan Hospital, the premier organization in obstetrics and gynecology which caters the needs of the patient in and around the district.

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