



BRIEF COMMUNICATION

# Condom hydrostatic tamponade for massive postpartum hemorrhage

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## KEYWORDS

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Condoms—latex or plastic sheaths—are used mainly as contraceptive devices and barriers against sexually transmitted disease. Recently, however, obstetricians have given condoms a new image. After medical treatment has failed and before major surgical intervention and hysterectomy are envisaged, uterine tamponade is a reasonable option for the management of postpartum hemorrhage (PPH).

A condom inflated with isotonic saline solution can be used to create the tamponade. The method was used by the author at Dhaka Medical College Hospital to manage 23 cases of intractable PPH due to uterine atonicity or placenta accreta, because hemorrhage could not be controlled by uterotonic

agents or others means [1]. This study was done in light of two other studies that reported on the use of the Sengstaken–Blakemore tube and the Rush urologic hydrostatic balloon catheter for controlling PPH [2,3]. A condom was inserted in the uterus by means of a size 16 rubber catheter and inflated with 250 to 300 mL of isotonic saline solution until the bleeding was controlled. The proximal end of the catheter was folded and tied with thread so that the saline solution could not escape. Then, rolled gauze was packed in the vagina to keep the inflated condom in place. It was kept for 24 to 48 h depending on the severity of blood loss (Table 1). An intravenous drip containing oxytocin was kept for at least 6 h after the procedure was performed to maintain the uterus contracted over the inflated balloon. A prophylactic antibiotic treatment of amoxicillin, metronidazole, and gentamycin was administered in every case. After medical treatment has failed and before proceeding to surgical intervention, attempting to compress the uterine sinuses and stop the bleeding with a uterine pack is a reasonable option for the management of PPH. Using the Sengstaken–Blakemore tube and the Rush urologic hydrostatic balloon catheter [2,3] are successful alternatives to using a condom for

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**Table 1** Outcome of use of condom tamponade in PPH control

Characteristics	No.	%
<i>Type of PPH</i>		
Primary	19	82.60
Secondary	4	17.40
<i>Mode of delivery</i>		
Spontaneous vaginal delivery	14	61
Instrumental delivery	3	13
LSCS	6	26
<i>Cause of PPH</i>		
Atonicity	20	87.30
Placenta praevia and morbid adhesion	3	12.70
<i>Time required to control PPH</i>		
0–15 min	23	100
<i>Duration of retention of catheter</i>		
24 h	7	30.40
36 h	8	34.78
48 h	8	34.78

PPH—Postpartum hemorrhage.

LSCS—Lower segment cesarean section.

uterine packing. Because these devices exert uniform pressure over the open sinuses of the uterus, bleeding is controlled immediately. However,

although they are very effective for controlling PPH, they are very expensive and not available everywhere. On the other hand, condoms and plain rubber catheters are inexpensive and easily available in every part of the world. Not only are they easily and safely applied by primary health workers before patient referral, they also often eliminate the need for surgical procedures such as uterine, ovarian, and internal artery ligation and hysterectomy to control massive PPH (Table 1).

The easy maneuver of hydrostatic tamponade is very effective in controlling massive PPH. It is life saving and can prevent invasive surgical procedures, including emergency hysterectomy.

## References

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