

Iliac artery balloon catheter little benefit in placenta accreta

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($P = 0.66$). Cesarean hysterectomy was performed in 27.3 and 43.3 percent of controls and women with iliac artery balloons, respectively ($P = 0.48$). There was a correlation for balloon catheter insertion with shortened postoperative hospital stay (six versus five days; $P = 0.033$). General anesthesia was used in 54 percent of controls and 100 percent of women with iliac artery balloons.

"This study demonstrates that prophylactic [balloon](#) occlusion of the internal iliac [arteries](#) did not reduce intra-operative hemorrhage or caesarean hysterectomy in women with placenta accreta undergoing caesarean section," the authors write.

More information: [Abstract](#)
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(HealthDay)—Prophylactic placement of internal iliac artery balloon catheters does not impact outcomes for women with placenta accreta, according to a study published online April 12 in *Anaesthesia*.

Shimiao Feng, from the Sichuan University in Chengdu, China, and colleagues conducted an impact study on the introduction of routine placement of internal iliac artery balloon catheters for management of hemorrhage during cesarean section. Data were included for 11 [women](#) with prenatally diagnosed placenta accreta/increta/percreta who acted as controls and 30 women who had iliac artery balloon placement; in 27 cases the balloons were inflated.

The researchers found that the median intraoperative blood loss was 1,100 and 1,000 mL in controls and women with iliac artery balloons, respectively ($P = 0.64$). Intraoperative blood transfusion was received by 54 percent of controls and 47 percent of women with iliac artery balloons

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