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**Título:** The future of intervencional radiology: a nonsurgical solution for a massive uterine bleeding

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**Área Terapêutica/Tema:** Transfusão e Hemostase (Transfusion and Haemostasis)

**Resumo:**

Abnormal uterine bleeding is a frequent condition. It interferes with women physical and emotional aspects, impairing their quality of life. If acute and severe bleeding, women may need urgent treatment. Noninvasive procedures for patients who are nonsurgical candidates are rising, demanding a complex anesthesia support outside the operating room.

46-year-old woman, ASA-I, admitted with uterine bleeding and an excruciating pain in low abdomen. Examination revealed an infiltrated and ulcerated mass in the cervix, haemoglobin (hgb) 9,2g/dl and normal platelets and coagulation. Anaesthesiology team was called for pain control and to approach the hemodynamic instability. Many attempts to buffer the haemorrhage, with mechanic and pharmacological measures (local continued pressure and tranexamic acid 1gr EV) with no improvement of the clinical or analytic status (hgb 6,2g/dL) demanded for surgical haemostasis. She was transfused with 2 units of red blood cells (URBG) and submitted to balanced anaesthesia. An internal jugular central venous catheter and a radial arterial catheter were placed. In the operation room the haemorrhage was impossible to control so, after a multidisciplinary discussion, it was decided to perform an angiotomography that showed a right uterine artery bleeding. The artery was then embolized in its distal portion by interventional radiology (IR). The patient needed 2 more URBG, was transferred to post anaesthesia care unit . She was extubated in the next day and transferred to the infirmary clinically and analytically stable (hgb 7,6g/dL).

With advances in technology, IR have expanded their treatment options and thus the increased demand for anesthesia assistance. For optimal outcomes the anesthesiologist must be familiar with these novel procedures. The complication rate for patients receiving anesthesia in the IR is higher than other nonoperating room locations. The coordination care between the different specialties involved is mandatory to improve patient safety and success of the procedure.



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