NASG – As an Antepartum Lifesaviour

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Abstract: Obstetric Hemorrhage (OH) Is The Leading Cause Of Maternal Mortality, Responsible For 25–50% Of Maternal Deaths [1]. Uncontrolled Hemorrhage Can Lead To Irreversible Hypovolemic Shock, Multiple Organ Dysfunction Syndrome, And Mortality. NASG Has Been Extensively Used In Patients With PPH But There Are No Reports For Its Use In Antepartum Period. Here We Report A Unique Case Of A Maternal Near Miss Who Survived Solely Because Of The Timely Use Of NASG.


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I. Introduction:


The NASG Is Ideal For OH For A Number Of Reasons. The Abdominal Panel Stretches So That External Uterine Massage Or Compression Can Be Accomplished. The Design Permits Perineal Access For Performing Vaginal Procedures (Suturing Lacerations, Manual Exploration Of The Uterus And/Or Bimanual
Compression) Or For Inserting Urinary Catheters. Surgery Can Be Performed By Simply Opening The Abdominal Segment Immediately Prior To Beginning Surgery, And Then Replacing This Segment When Surgery Is Completed; Removal Of The Device For Surgery Is Not Necessary. The Majority Of The Pressure Exerted By The Device Is In The Abdomen, Retroperitoneum, And Pelvis, Reducing Blood Flow In OH Immediately Upon Application [5,7–10]. The NASG Is Very Simple To Apply And Training In Application Is Rapid.

II. The Discussion:

The Case Report Highlights The Importance Of Using NASG In A Critical Patient Of Ruptured Cornual Ectopic Pregnancy With Shock. A Real Obstetric Near Miss Mortality Was Saved With Just Timely Application Of NASG. The Pressure Exerted By The Device In The Abdomen, Retroperitoneum, And Pelvis, Reduced Blood Flow In The Pelvis Immediately Upon Application, And Reduced Vascular Volume Under The Compressed Areas, While Allowing More Blood To Perfuse The Vital Organs. This Was The Key Step Which Helped Us In Getting An IV Access Without Which Resuscitation Would Be Impossible. We Recommend That In Selected Antepartum Cases Of OH Also NASG Is A Boon And Should Be Liberally Used.
References:


