Aim
To provide staff at KEMH with appropriate guidelines for the removal of an intrauterine balloon.

Key Points
1. After insertion, the balloon should be left in situ for 8 - 24 hours to allow time for blood transfusion and coagulopathy correction\(^1,2\). Balloons may be removed sooner upon obstetrician determination of haemostasis or the need to apply more aggressive treatment\(^3,4\).
2. Ideally, the balloon shall only be removed between the hours of 0800 and 1700\(^3,4\).
3. A group and antibody screen blood must be available for cross matching if required, prior to removal.
4. An oxytocin infusion is not usually required to cover removal of the catheter.
5. An Anaesthetist/Aesthetic Registrar and theatre facilities must be available for return to theatre should this be required.
6. The balloon shall be removed in the Adult Special Care Unit (ASCU) / L&BS; the woman does not need to go to theatre for the removal.
7. Medical and / or nursing / midwifery staff competent in the removal of an intrauterine balloon may perform this procedure.
8. IV antibiotic cover continues for 24 hours following insertion.\(^3,4\)

Procedure
1. Ensure the woman has fasted for 6 hours prior to removal.
2. Perform baseline observations of pulse, blood pressure and oxygen saturations and PV loss, prior to the removal.
3. If a vaginal pack is in situ, remove this before the commencement of deflation of the balloon.
4. Using an appropriate sized syringe deflate the balloon, either all at once, or in 2 stages\(^5\)
   o Withdraw half the 0.9% sodium chloride and if no significant bleeding after 30 minutes, withdraw the remaining volume to deflate and remove the balloon
5. In the extremely rare event of increased vaginal bleeding during deflation, stop deflation and inform the obstetric registrar immediately.
6. When the balloon is empty (fully deflated) gently remove the balloon catheter from the uterus and vaginal canal and discard, ensuring the balloon is intact.
7. Observe and record vaginal loss every 15 minutes for the initial hour following removal.
8. Perform and document all other baseline observations hourly as per ASCU/L&BS/Hospital protocol.
9. Analgesia should be administered as required.

References


Keywords: haemostatic balloon, adult special care unit, ASCU, intrauterine balloon removal

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