Acute Uterine Inversion = AR HR AR HR

A	**A**voiding uterine inversion
R	**R**ecognising uterine inversion

H	**S**end for **H**elp
R	**R**esuscitation
A	**A**nalgesia
R	**R**eplace manually
HR	**H**ydrostatic **R**eplacement

Avoiding Uterine Inversion

Whilst uterine inversion may occur spontaneously it could also be brought about by *uncontrolled cord traction* with *a uterus that is relaxing...*

Never attempt delivery of the placenta without:

- First giving an oxytocic agent e.g. Syntocinon, Syntometrine or Ergometrine, waiting for a contraction and...
- Holding back the uterus with an abdominal hand at the same time as providing traction (pulling down on) the umbilical cord

Recognising Uterine Inversion

Sometimes it is very obvious that the uterus has turned itself inside out and is present as a fleshy mass between the patient's legs – with or without the placenta still attached.

However, if the uterus is inverted and still within the vagina, it may not be so obvious. In that case there are two clues to the diagnosis namely:

- Shock out of all proportion to the apparent amount of blood lost. The patient may be apprehensive, very pale with syncope (fainting) and profoundly hypotensive (very low blood pressure)
- The uterine fundus has become "dimpled", bilobed or has disappeared from palpation in the abdomen

Uterine inversion should not be confused with uterine prolapse when the cervix appears at or beyond the vulva. This responds to simple manual replacement (push it back) and rest with buttocks elevated.

H is for **S**end for **H**elp

Send for a doctor

An anaesthetist and theatre may be required

R is for **R**esuscitation

At least (one and preferably two) large bore IV cannulas

Take blood for Cross-match

Administer 1- 2 litres of crystalloid fluid stat

A is for **A**nalgesia

Use nitrous oxide by inhalation or

Give the patient a small dose of IV Pethidine e.g. 25 mg stat

R is for Attempt a Manual **R**eplacement of the Uterus

If the placenta is attached do not remove it

Use one hand and fist to work the uterus back through it's cervix

Work from the sides of the fundus i.e. that portion that came through the cervix last

Then manually remove the placenta in the usual fashion

If manual replacement is not successful then proceed to:

HR is for **H**ydrostatic **R**eplacement (O'Sullivan's Method)

Requires 2 – 6 litres of any clean clinical fluid i.e. water will suffice

With the uterus replaced in the vagina, block over the vagina using either the fingers of one hand around the wrist at the vulva, a ventouse cup in the vagina or a hard black rubber anaesthetic face mask over vulva

Introduce the water or saline under pressure (height 2 metres) so as to stretch the vagina

This also places pressure on the inverted uterus which will spontaneously correct itself