

Role of prophylactic pharmacological hemostatic agents in prevention of bleeding per vagina during biopsy of carcinoma cervix

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Introduction

Bleeding per vagina immediately after biopsy of cervical malignant growth leads to significant blood loss, necessitates injection of hemostatics and vaginal packing for a day or two. Rarely, there is a need for iliac artery embolism and its complications. Study aims to assess the effect of prophylactic hemostatics on descriptive measurement of major bleeding immediately after biopsy of cervical malignant lesions.

Conclusion

Most of the patient of carcinoma cervix administered prophylactic three agent oral hemostatic agents has no major post-procedure bleeding events in contrast to those random patients not receiving prophylactic treatment.

Materials

48 consecutive cervical cancer patients were biopsied after administering oral hemostatic agents. 7 random cervical cancer patients were biopsied without prophylactic oral/injectable hemostatic agents for emergency indications.

Results

Only 2 of 48 patients administered prophylactic hemostatic agents needed post-biopsy intervention. However, 6 of 7 patient in the second group needed said intervention/treatment after biopsy. One patient needed internal iliac artery embolism and subsequently developed deep vein thrombosis and defaulted radiotherapy. Bleeding was heavy, needed more than one pack in patients who never received prophylactic hemostatic agents.

Methodology

Three oral hemostatic agents (ranexamic acid, Ethamsylate, Vitamin E analogue TID for three days before the biopsy. Need for IV N-Butyl acid + Citric acid and vaginal packing soaked in the same drug post-biopsy and other intervention was retrospectively assessed in both the group over one year period.