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* Final Report *

Operative Report (Verified)

SERVICE:
Gynecology.

PREOPERATIVE DIAGNOSES:
1. Intrauterine pregnancy at 24 weeks, status post 3 days of induction termination at outside facility.
2. Respiratory distress.
3. Concern for septic abortion.

POSTOPERATIVE DIAGNOSES:
1. Intrauterine pregnancy at 24 weeks, status post 3 days of induction termination at outside facility.
2. Respiratory distress.
3. Septic abortion.

PROCEDURE:
Dilation and evacuation under ultrasound guidance.

SURGEON:
1. Lisa Hofler, primary.
2. Rameet Singh.

ASSISTANTS:
1. Lauren Thaxton, fellow.
2. Katherine Lyons, resident.
3. Laura Tedrick, resident.

INDICATIONS FOR PROCEDURE:
This is a 23-year-old gravida 2, para 0 who was transferred from an outside facility to the University of New Mexico Hospital Emergency Room at

approximately 1730 on the day of the procedure. She was transferred for respiratory distress after undergoing 3 or 4 days of induction termination. At the outside facility, she developed a fever and was given antibiotics. She developed an oxygen requirement and so was brought to the Emergency Room. In the Emergency Room, her cervix was examined and found to be closed, or maybe fingertip dilated. The patient was evaluated and the decision was made to proceed with uterine evacuation as quickly as possible. Ten laminaria were placed in the ER at the bedside after informed consent was obtained from the patient. She was given clindamycin, gentamicin and metronidazole. She underwent a CT chest which revealed bilateral pleural effusions and pulmonary edema concerning for ARDS. She developed an increasing oxygen requirement over the course of a few hours, and the decision was made to bring her emergently to the operating room for uterine evacuation. She was intubated in the Emergency Room immediately prior to the procedure and was brought directly from the Emergency Room to the operating room.

FINDINGS:
1. Exam under anesthesia: Ten laminaria consistent with preoperative placement.
2. Products of conception complete and consistent with gestational age, foul smelling and clearly infected.
3. Thin uterine stripe at the fundus at the end of the procedure. Foley catheter balloon in place within the uterus.

SPECIMENS:
1. Products of conception.
2. Multiple anaerobic and aerobic cultures.

DRAINS:
Foley catheter inflated with 60 milliliters of saline in the lower uterine segment.

DESCRIPTION OF PROCEDURE:
The patient was taken to the operating room emergently from the Emergency Department. She had already been intubated. She was prepped and draped in the usual sterile fashion with chlorhexidine vaginally given her shellfish allergy. A Foley catheter had already been placed. A final timeout was performed with the entire OR staff confirming the correct patient and procedure.

A bivalved speculum was placed. The laminaria were grasped with a ring forceps. At this time, the patient became pulseless and chest compressions were initiated. The instruments were removed and chest compressions continued. She was on a left lateral tilt and the decision was made to continue with uterine evacuation so as to decompress the IVC to aid her

circulatory status.

The speculum was replaced in the vagina and the anterior lip of the cervix was grasped with a single tooth tenaculum. Under ultrasound guidance, a few attempts were made with the small Sopher forceps to remove the products of conception. The cervix was then sequentially dilated to a #73 dilator with the Pratt dilators. Under ultrasound guidance, the large Bierer forceps were used to evacuate the products of conception in pieces. Multiple passes were used to ensure complete evacuation of the uterus. Th 16 millimeter cannula was introduced to the fundus under ultrasound guidance and there was good cri. At the end of the procedure, the uterine stripe appeared thin. A paracervical block of 1% lidocaine with 10 units of vasopressin was injected at the 4 o'clock and 8 o'clock positions.

The instruments were removed. Prior to this point there was a period when the patient did not require chest compressions during the procedure, but when the instruments were removed the chest compressions were resumed. There was not too much uterine bleeding. Bimanual exam revealed some additional very small fetal fragments. The 16 millimeter cannula was again introduced under ultrasound guidance as was the forceps to ensure complete evacuation of this portion of the lower uterine segment. Manual exam was again repeated and the entire fundus and lower uterine segment did not have any products retained. The products of conception were inspected and found to be complete and consistent with gestational age. The lower uterine segment was felt to be relatively atonic. Methergine 0.2 milligrams IM was given prophylactically, and 800 micrograms of misoprostol were placed rectally prophylactically.

The patient had a little bit of dark bleeding after each time the massage was stopped. The decision was made to put a Foley balloon in the lower uterine segment. It was filled with 60 milliliters of sterile saline under ultrasound guidance and was in good position. Around this time, the massive transfusion protocol was initiated due to the patient's deterioration and septic shock.

At this point, the procedure had been terminated. All counts were correct per the OR staff. The patient was placed in the supine position and chest compressions were continued. The patient was then transferred to the ICU in critical condition.

Signature Line

Hofler, Lisa MD
Attending Physician
Department of OB/GYN

Signed Date: 02/04/17

Signed Date: 02/04/17

Dictate Date: 02/04/17
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