

# Interventional radiology as the first line management of vulvovaginal haematomas: A 36-month review

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## ABSTRACT

**Introduction:** Vulvovaginal haematomas complicate 1-3 in 1000 deliveries. Conventional teaching dictates that the haematoma be drained and packed to provide additional tamponade effect. However, surgical drainage and repair can be complicated due to the increase in vascularity and friable nature of the puerperal female genitalia. The objective of this study is to ascertain the outcomes of a protocol for management of vulvovaginal and pelvic haematomas by using embolization of pelvic or perineal vessels as the primary treatment. **Methods:** All patients who delivered vaginally and required a computed tomography angiogram (CTA) to assess a significant vulvovaginal or pelvic haematoma between June 2019 to May 2022 were included in this review. Data was extracted retrospectively from the Radiology Department's registry of procedures and patient case notes. **Results:** Thirteen patients required emergency pelvic CTA after delivery during the study period. The median time from delivery to presentation was 45minutes (1-1163), mean blood loss of 1100mls (200-6500) and blood transfusion was required in 53.8% of patients. 2 out of 13 patients did not require embolization after CTA due to spontaneous cessation of bleeding and one patient had an emergency hysterectomy for broad ligament haematoma before subsequent uterine artery embolization. Obturator artery, vaginal artery or anterior trunk of the internal iliac artery were the primary targets for embolization. All patients had complete resolution of haematoma. No direct procedure-related complications were reported. **Conclusions:** Interventional radiology appears to be a safe alternative to primary surgical evacuation of obstetric pelvic haematomas and should be considered where available.

# Students' satisfaction and experience of hybrid undergraduate obstetrics & gynaecology teaching during pandemic

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## ABSTRACT

**Introduction:** Hybrid teaching method has been executed in majority of medical schools during Covid19 pandemic. With this integrated method being employed, a check and balance mechanism is required. We aim to determine the student's satisfaction and experience of hybrid undergraduate teaching in obstetrics and gynaecology posting. **Methods:** A cross-sectional study was conducted among medical students undergoing hybrid teaching during obstetrics and gynaecology posting in the year of 2020 and 2021. A total of 112 fourth and fifth year medical students whom were affected by the pandemic participated in this study. Online questionnaires consist of socio-demographic, experience and satisfaction domains were distributed through Google Forms to all eligible students. **Results:** The response rate was 75%. Up to 92% of participants own a personal computer or laptop with 61.6% own a smartphone and use them to access the online class. Majority (90.2%) of the respondents were satisfied with the hybrid teaching. Only ethnicity showed a significant association with the satisfaction of the students. **Conclusion:** Our study found that the majority of students were satisfied with hybrid teaching. Hence its practice can be continued as it can be utilized at any time as compared to traditional teaching.