

Medical and Surgical Procedures While in the NASG



Vaginal Procedures

- The design of the NASG permits complete perineal access.
- The source of most obstetric hemorrhages can be located and treated while the NASG is kept on to maintain the woman's vital signs.



Vaginal Procedures

- The following vaginal procedures can be performed on a woman while she is wearing an NASG:
 - Repair of episiotomy or vaginal and cervical lacerations
 - Manual removal of the placenta
 - Bimanual compression (external or internal)
 - Dilatation and curettage (D&C)
 - Dilatation and evacuation (D&E)
 - Manual vacuum aspiration (MVA)
 - Balloon tamponade placement
- Urinary catheterization can also be performed with the NASG in place.

Abdominal Surgery

Surgery to obtain hemostasis can also be performed with the NASG in place. The abdominal and pelvic segments must be opened, but only immediately before the first incision.



Abdominal Surgery

- The following abdominal surgeries can be performed with the NASG in place:
 - Cesarean section
 - Repair of ruptured uterus
 - Hysterectomy
 - Salpingectomy/salpingostomy
 - Ligation of arteries
 - Laparotomy
 - Laparoscopy
 - Removal of placenta accreta
 - Repair of broad ligament hemotoma
 - B-Lynch or other uterine compression sutures

STEP 1

Abdominal Surgery

- Once the entire surgical team is scrubbed and ready, open only segments #4, #5, and #6.
- When these segments are open, the patient may go back into shock.
- IV fluid boluses may be necessary to maintain blood pressure until hemostasis is achieved.



STEPS 2, 3, 4

Abdominal Surgery

- Step 2: Place the patient in a steep Trendelenberg position if necessary.
- Step 3: Perform surgical procedure(s)
- Step 4: Replace segments #4, #5, #6 as soon as the abdominal surgery is complete.



Abdominal Surgery Summary

- No other changes are needed to perform normal surgical procedures
- Open abdominal segments #5 and #6, and pelvic segment #4 if necessary
- Keep the leg panels on during and after surgery
- Anesthesiologists/anesthetists should be prepared to administer fluid boluses when abdominal segments are opened
- Perform surgery
- Close the abdominal segments immediately after surgery
- Keep woman in NASG until she is stable for 2 hours, then follow NASG removal instructions