

FREQUENTLY ASKED QUESTIONS

Bakri® Postpartum Balloon with Rapid Instillation

What is the mode of action of the Bakri balloon?

The Bakri postpartum balloon is specifically designed for postpartum intrauterine tamponade. When inflated, the Bakri balloon exerts outward pressure on the walls of the uterus, leading to a reduction in blood flow and allowing hemostasis to occur.

When should the Bakri balloon be placed?

After postpartum hemorrhage has been identified and contraindications have been ruled out, the Bakri balloon can be placed. Generally, the device is placed when it is determined that uterotonics are not able to control the hemorrhage. The Bakri balloon is only to be used in postpartum hemorrhage cases in which conservative management is warranted.

What fluid can be used to inflate the Bakri balloon?

The Bakri balloon can be filled with sterile liquid, such as sterile saline, sterile water, or lactated Ringer's solution.

Can the Bakri balloon be filled with air or gas?

No, the Bakri balloon must be filled with sterile liquid.

What is the optimal inflation volume for the Bakri balloon?

The optimal inflation volume varies from patient to patient, but the maximum inflation volume is 500 mL.

Do I need to add gauze vaginal packing?

If necessary, vaginal packing with iodine- or antibiotic-soaked vaginal gauze can be used to help prevent displacement of the Bakri balloon into the vagina.

How do I know the Bakri balloon is placed correctly?

Correct placement of the Bakri balloon can be confirmed via ultrasound or direct visualization.

How long can I leave the Bakri balloon indwelling?

No more than 24 hours.

Can the Bakri balloon be used to control hemorrhage after a cesarean section?

Yes, the Bakri can be placed transabdominally to facilitate postpartum hemorrhage control.

For transabdominal placement, is it necessary to remove the stopcock from the instillation lumen?

Yes, the stopcock must be removed before the balloon catheter shaft is passed through the cervix.

What is the success rate of the Bakri balloon?

With proper training and familiarity, users experience success rates with the Bakri balloon that range from 70.6%–100%.^{1,2}

A systematic review found balloon tamponade to be effective 84% of the time for the conservative management of PPH.¹

What clinical data exist to support the use of the Bakri balloon?

Numerous robust, high-level studies support the use and efficacy of the Bakri balloon.

- Maher et al. found that the "[Bakri] balloon alone was successful in achieving hemostasis in 87.5% of cases."³
- In a systematic review, Doumouchtsis et al. demonstrated the balloon tamponade to be effective 84% of the time for the conservative management of PPH.¹
- Gao et al. concluded, "The overall Bakri balloon hemostasis successful rate was 93.6%..."²

Can the Bakri balloon be used in cases of placenta previa and placenta accreta?

Yes, assuming that all contraindications have been ruled out.

What clinical data exist to support the use of the Bakri balloon in cases of placenta previa and placenta accreta?

Maier et al. showed that the "[Bakri] balloon alone was successful in achieving hemostasis in 87.5% of cases" that presented with placenta previa.³

Can the Bakri balloon be used for vaginal hemorrhage?

No, the Bakri is not designed for vaginal tamponade, and this type of use is off label.

Can the Bakri balloon be used to manage postpartum hemorrhage in cases of multiple pregnancies?

The use of the Bakri balloon to control postpartum hemorrhage in multiple pregnancies is not contraindicated in the IFU.

Although some clinical papers have mentioned the successful use of the Bakri balloon to manage postpartum hemorrhage in cases of multiple pregnancies, no studies have specifically analyzed its effectiveness in these cases.^{4,5}

Can the Bakri balloon be used in combination with uterotonics?

Yes, the Bakri balloon is commonly used with uterotonic agents.

Can the Bakri balloon be used in combination with B-Lynch sutures?

Yes. Several papers describe the use of the Bakri balloon with the B-Lynch suture technique. This technique has also been described as the "uterine sandwich."^{6,7,8,9}

References

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