ISP-28-6 Efficacy of a 40 mg single intravenous Parecoxib for postoperative pain control after elective cesarean delivery：a double blind randomized controlled trial

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[Objectives] To determine the efficacy of a single intravenous dose of 40 mg Parecoxib for postoperative pain control after elective cesarean delivery. [Methods] A total of 82 low-risk term pregnant women who were scheduled for elective cesarean delivery between January 2014 and June 2015 were enrolled. They were randomly assigned to receive either intravenous injection of 2 mL (40mg) of Parecoxib (Study group, N=41) or 2 mL of normal saline solution (Control group, N=41). Intravenous meperidine was used as an additional standard postoperative pain control in all cases. Pain score using visual analog scale was recorded blindedly at 6th, 12th and 24th hour postoperatively. [Results] The characteristics and pregnancy outcomes of both groups were comparable. The total dosage of meperidine were not different between groups. Compared with control, study group had significant less postoperative pain score at 6th and 12th hour (median score 0 vs. 2, $p<0.01$; and 0 vs. 1, $p=0.03$, respectively). Study group were also significantly less likely to experience severe postoperative pain (score ≥ 4) at 6th hour (0% vs. 21.9%, $p=0.002$). They also reported higher satisfaction with Parecoxib treatment (median score 8 vs. 6, $p<0.01$). [Conclusion] A 40 mg single dose intravenous Parecoxib had higher efficacies than meperidine in controlling acute postoperative pain after elective cesarean delivery.

ISP-28-7 Tranexamic acid for prevention of postpartum haemorrhage in cesarean section：A meta-analysis

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[Objectives] The aim of this paper was to evaluate the efficacy of tranexamic acid in postpartum hemorrhage prevention in cesarean section patients. [Method] A computer-aided systematic search of medical databases (PUBMED, MEDLINE, Cochrane Database) was performed. We also contacted pharmaceutical companies and experts in the field. We did not apply language restrictions. [Selection Criteria] Inclusion criteria for the studies were as follows：(1) randomized controlled trials Tranexamic acid used as prophylaxis for Postpartum hemorrhage,(2) patients was term and scheduled for elective cesarean section,(3) singleton pregnancy,(4) regular prenatal care, and (5) informed consent obtained. Exclusion criteria were as follows：(1) severe medical and surgical complications involving the heart, liver or kidney, brain disease and blood disorders,(2) allergy to tranexamic acid,(3) history of thromboembolic disorder,(4) abnormal placenta：such as placenta previa, placental abruption, placental adhesion due to repeated surgical abortions,(5) severe pregnancy complications such as severe preeclampsia,(6) multiple pregnancies, macrosomia, polyhydramnios,(7) complication with leiomyoma,(8) not a randomized controlled trial. [Data collection and analysis] A computer-aided systematic search of medical databases(PUBMED, MEDLINE, Cochrane Database) was performed. We searched for randomized controlled trials using the following keywords：(1) cesarean section[MESH]AND (2) Surgical Blood Loss [MESH] AND Tranexamic acid [MESH]. We also searched unpublished trials in clinicaltrials.gov, and did free hand search from references of our literature. Two reviewers (AP, J) will assess the retrieved eligible articles for validity and if it met the inclusion criteria. In case of differences in opinion, a third reviewer (DAP) will resolve the difference. One author will extract the data (AP), while another one will check the accuracy (J). [Results] four studies (n=1237) reported on the total blood loss, which was significantly reduced by an average of 84.87ml when tranexamic acid was administered (Mean Difference (MD)-84.87ml；95% confidence interval (CI)-105.98, -63.77). Five studies (n=740) reported on the blood loss from placental delivery to the end of cesarean section, which was also significantly reduced by an average of 125.77ml when tranexamic acid was administered (Mean difference (MD)-125.77ml；95% confidence interval (CI)-144.82, -106.72). Four studies (n=528) reported on the blood loss from the end of cesarean section to two hours post partum, which was significantly reduced by an average of 44.55ml when tranexamic acid was administered (Mean Difference (MD)-44.55ml；95% confidence interval (CI)-51.02, -38.08).

ISP-28-8 Evaluation of hypogastric artery ligation as a lifesaving method of controlling pelvic hemorrhage in obstetrics and gynecology

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[Objectives] To evaluate internal iliac artery ligation as a lifesaving procedure in cases of intractable pelvic hemorrhage in obstetrics and gynecology. [Method] Total six cases, five of obstetrics and one of gynecology who underwent ligation of hypogastric arteries as a method of controlling intractable hemorrhage in a period of one year were studied and various parameters such as number of transfusions, febrile morbidity, wound and other complications and duration of stay were evaluated. In the obstetric cases two were cases of previous caesarean section with central placenta praevia, two were cases of rupture uterus and one was a case of previous caesarean section who had intractable hemorrhage during surgery. The gynaec case had avulsion of the tubo ovarian pedicle during vaginal hysterectomy. [Results] All except one patient who was referred with ruptured uterus in irreversible shock survived and were discharged without complications. [Conclusion] Ligation of hypogastric vessels is found to be a very good method of controlling intractable pelvic hemorrhage in emergency situations. In a backward rural area as ours with a large number of unbooked patients coming in emergencies it would be advisable to train the postgraduates in the procedure.