Modified Packing Technique for Control of Presacral Pelvic Bleeding

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A modification of pelvic packing to control presacral bleeding is described. This method makes removal of the packing less uncomfortable and usually does not require anesthesia. [Key words: Presacral bleeding, modified packing technique; Surgical technique]

MASSIVE BLEEDING from the pelvis can occur with mobilization of the rectum or proctectomy. Numerous methods have been described to correct this difficult complication. These include the use of clamping, clipping, cautery, suture ligation, packing, topical anticoagulants, and thumbtacks.

Nivatvongs and Fang[1] have eloquently described two types of bleeding from the presacral venous plexus. One can usually be controlled with tamponade, suture, or both. The second type, which has been described by Qinayo *et al.*,[2] usually requires pressure or tamponade to stop and is difficult to control. They suggest the use of titanium tacks to control this type of bleeding.

If packing is required alone or in combination with other measures to control bleeding, removal of the pack can be difficult or uncomfortable. This may require a second anesthetic to facilitate removal of the packing.

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A packing technique using a bowel isolation bag can make removal of pelvic packing a brief, better-tolerated bedside procedure.

Technique

With the presacral space exposed, a small intestinal isolation bag is inserted into the pelvis through the perineal region. Vaginal packing or roller gauze is inserted inside the bowel plastic bag. This is continued until the desired consistency is acquired to tamponade any bleeding (Fig. 1). The strings of the bowel bag are then tied down to close the neck of the bag. The perineal wound is closed around this bag with the neck of the bag and strings exposed (Fig. 2).

If bleeding continues, the plastic bag allows the blood to easily egress out of the presacral region. The packing gauze does not absorb this blood and give the surgeon a false sense of security, only to find continuing bleeding problems in the recovery area.

When bleeding is controlled and the patient is into recovery, the packing can be removed. This is usually done two to four days after the initial operation and can be accomplished at the bedside. With the patient in the

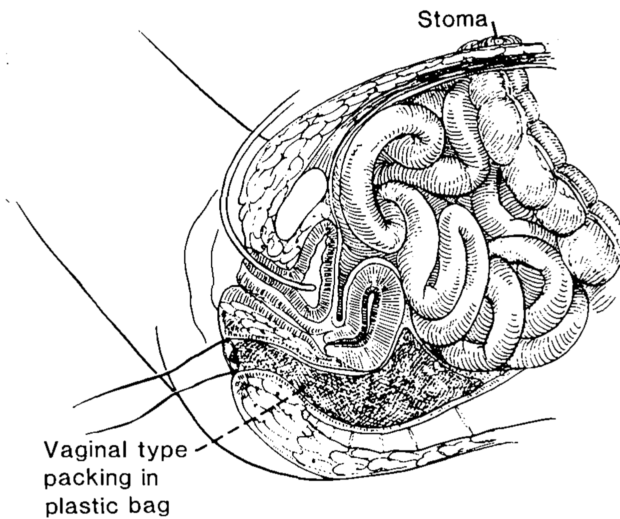

FIG. 1. The bowel isolation bag is in position in the presacral region and packing is placed into the bag.

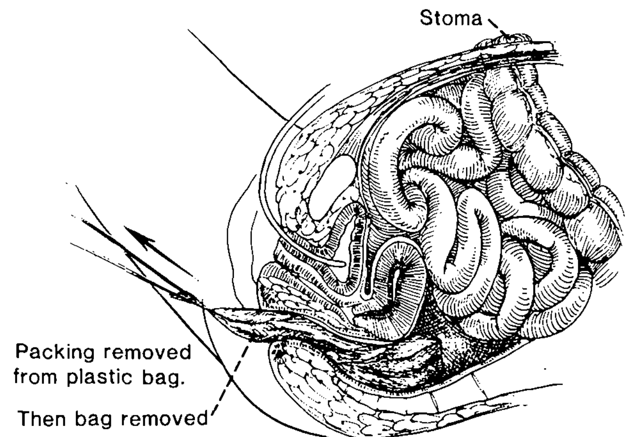

FIG. 3. The bag is later opened to allow packing removal. Once the pack is removed the bag is easily collapsed and removed.

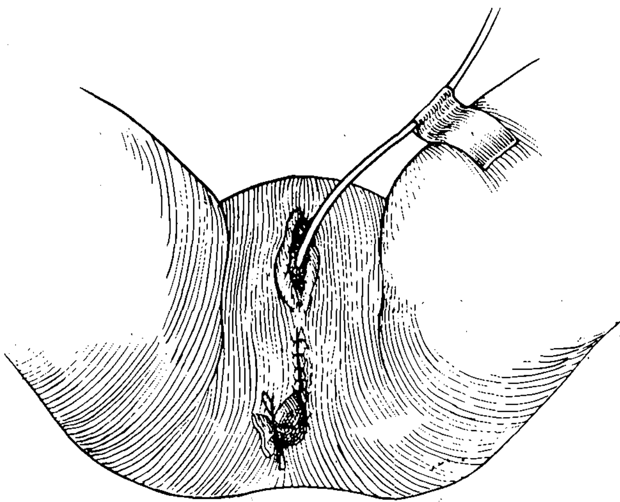

FIG. 2. The bowel bag is closed and the perineal wound is reapproximated around the bag.

left lateral Sims position, the knots or strings at the neck of the bowel bag are divided. The packing can then be removed partially or totally. The bag prevents the gauze from sticking to the pelvis and causing discomfort with removal. Once the packing has been removed, the plastic bag automatically collapses and is easily extracted (Fig. 3).

This variation on the packing technique offers a less painful method of packing removal with the use of a bowel inclusion bag. Usually packing extraction can be accomplished at the bedside without anesthesia.

References

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2. Qinyao W, Weijin S, Youren Z, Wenqing Z, Zhengrui H. New concepts in severe presacral hemorrhage during proctectomy. Arch Surg 1985;120:1013-20.