



Reply to letter to the editor

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Dear Editor,

Thank you for the opportunity to comment.

First, we enrolled all patients with placenta previa with consecutive cesarean sections. Most of these patients needed additional hemostatic procedures. Our procedure was used for therapeutic purposes when continuous bleeding from the placental implantation site could not be managed with conservative management (such as uterine compression and uterotonics).

Second, patients in the control group received figure-of-eight sutures and multiple simple intrauterine sutures. We acknowledge that intrauterine suturing is not new. What we wish to convey is that in cases involving massive uterine bleeding, it is hard to detect the exact bleeding focus and management using traditional intrauterine sutures (figure-of-eight and multiple simple sutures) needs more time. However, using intrauterine continuous running sutures we can

achieve hemostasis over a relatively wide area in a short time. Moreover, surgeons can learn this technique easily.

Third, surgeons can evert the anterior lower segment of the uterus using clamped sponge forceps and approach the bleeding site in deep area. Uterine artery clamping may not be helpful owing to the presence of multiple collateral vessels in the uterus. An assistant may help using a narrow retractor gently. In case of a severely adhered pelvic organ, the bladder should be separated from the uterus by a skillful surgeon.

Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

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