

Bakri balloon tamponade and condoms catheters are not comparable



TO THE EDITORS: In their review, Suarez et al¹ reported that randomized studies showed no beneficial effect of uterine balloon tamponade compared to observational studies.

However, this meta-analysis introduced a bias by mixing the results of Bakri balloon tamponade with those of condoms used as balloons in low-income countries.

In high-income countries where all means of the management of the postpartum hemorrhage (PPH) are accessible, nobody uses condoms to stop it after the failure of medical treatments (uterotonics) and surgical repairs of cervical and vaginal tears. Studies conducted in Benin, Egypt, and other countries showed the inefficiency and danger of condoms used for tamponade. Moreover, they delay the surgical management of the severe PPH, leading to a high rate of maternal mortality.²

The major problem of condoms is that they cannot not be inflated more than 250–300 mL, as they explode afterward. In addition; their texture does not allow the efficient compression of the uterine cavity.³ Thus, they are rapidly expelled from the uterine cavity.

In our experience, the Bakri balloon was efficient to stop PPH after the failure of medical treatment and surgical repairs of cervical or perineal tears in more than 80% of cases.⁴ It is not used in low income countries because of its high price.

The authors suggested that new randomized controlled trials (RCTs) should test the efficiency of uterine balloon tamponade. Gynecologists in high-income countries who manage severe PPH by Bakri balloons do not need RCTs to discover that patients continue to bleed despite the medical treatment and surgical repairs of lower-tract genital injury and that more than 80% of them will stop bleeding after the insertion of a Bakri balloon.⁴

It is not acceptable to randomize Bakri balloon tamponade inserted by the vaginal route as a minimally invasive method vs laparotomy, or Bakri balloon vs nothing, and let the patients continue bleeding, taking enormous risks for their vital prognosis. Such a study would not be acceptable from the ethical point of view and would be dangerous from a legal point of view in developed countries.

Finally, this study highlights that Bakri balloon tamponade became the obligatory step for PPH management, including during cesarean delivery before invasive procedures such as hemostatic sutures or hysterectomy. Condom catheters should not be used, as they are inefficient and dangerous, and their results should be not mixed with those of Bakri balloons. ■

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REPLY



We thank Souhail Alouini for his interest in our meta-analysis regarding efficacy, effectiveness, and safety of uterine balloon tamponade (UBT) for treating postpartum hemorrhage (PPH).¹ We strongly disagree with the statement that “condom catheters should not be used as they are inefficient and dangerous.” A subgroup analysis in our study showed that overall success rates for condom-catheter UBTs (90.4%; 95% confidence interval [CI], 87.7–92.8) were higher than for Bakri balloons (83.2%; 95% CI, 80.5–85.8). Despite higher success rates, we cautiously concluded that “condom UBT success rates are at least as comparable as Bakri balloon success rates.” In addition, the only randomized controlled trial (RCT) that compared condom-catheter UBTs vs Bakri balloons in women with PPH reported no significant differences in success rates (85% vs 91%, $P = .45$) and post-insertion fever (3% vs 6%, $P = .56$).²

Second, we did not suggest that new RCTs should test the “efficiency” of UBT to treat severe PPH, nor did we conclude that Bakri balloon is an “obligatory step” for the management