Bilateral Labial and Bladder Flap Haematoma Following Elective Caesarean Section: Conservative Management and Outcomes

Dr Anshula Ashish[1], Dr Vijaya Karanam[1]

The Royal Women's Hospital, Parkville, Victoria

BACKGROUND

Labial and retroperitoneal haematomas are rare but significant complications following Caesarean Section (CS), more commonly associated with vaginal delivery.

There are no randomised controlled trials or case reports to guide management of this complication post-CS.

Prompt recognition and management are critical to avoiding surgical morbidity.

AIMS

To describe early identification and MDT management of a rare bilateral labial and bladder flap haematoma following uncomplicated elective repeat CS.

To demonstrate that expectant management in a haemodynamically stable patient can achieve excellent outcomes.

CASE

30-year-old G2P1 underwent elective repeat LUSCS at 36+5 weeks for early-onset FGR with abnormal Dopplers.

There was no coagulopathy, no pre-eclampsia with normal platelets and coagulation studies.

Intraoperatively, the bladder flap was not closed, forceps were used for head delivery and the lower uterine segment was poorly formed with no angle or inferior extension. EBL was 400mL.

Approximately 30 hours post-operatively, she developed progressive bilateral labial swelling with pain and urinary retention, remaining haemodynamically stable throughout.

Haemoglobin declined from 142 g/L preoperatively to 96 g/L.

CT abdomen/pelvis confirmed a 12×5×5cm bladder flap haematoma and right vulval haematoma with no active arterial bleeding.

RESULTS

Conservative management comprised IV antibiotics, tranexamic acid, analgesia and IDC insertion.

Multidisciplinary input involved obstetrics, radiology and plastic surgery.

IR embolisation was considered but no active arterial bleedingwas identified.

Haemoglobin stabilised and haematoma improved significantly by day four without the need for blood transfusion.

Trial of void was successful on day five and she was discharged day six.

Full resolution confirmed at 4-week outpatient obstetric review.

The case was presented at the obstetric morbidity and mortality review.

DISCUSSION

Supra- and infra-levator haematomas are not typically seen after CS and are usually associated with vaginal or instrumental delivery.

Bilaterality raises the possibility of internal pudendal arterial involvement or contiguous extension across the pelvic floor.

Absence of active arterial bleeding on CT guided a conservative rather than interventional approach.

Early MDT involvement including IR, radiology, plastics and obstetrics was critical to shared decision-making.

Not all haematomas require surgical intervention; watchful expectancy with haemodynamic monitoring and imaging can achieve excellent outcomes.

Close outpatient follow-up is essential to confirm resolution.

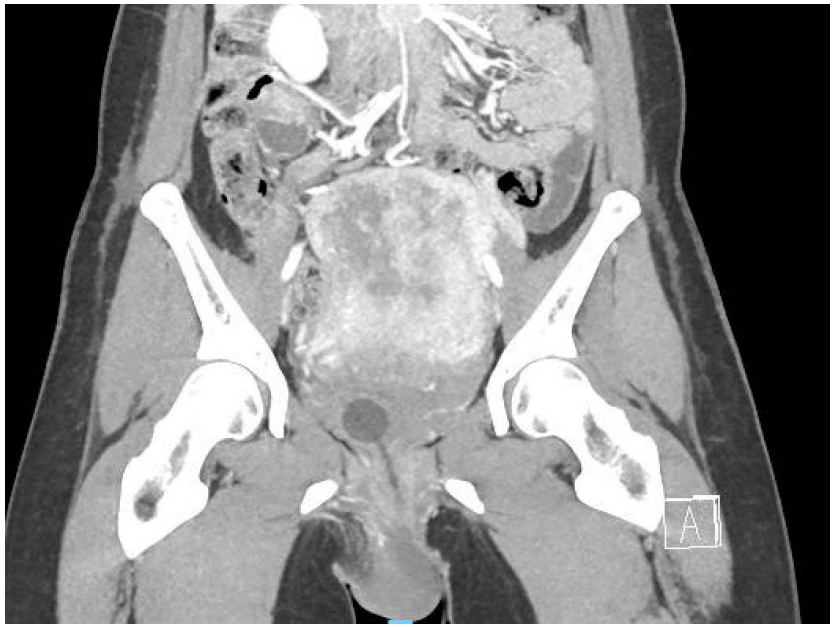

Figure One: CT images showing 12 x 5 x 5 cm bladder flap haematoma (green arrow) and right vulval haematoma (yellow arrow) without features of active arterial bleeding at time of scan.

KEY OUTCOMES AT A GLANCE

1. Haemoglobin declined from 142 → 96 g/L, stabilised without blood transfusion.
2. CT imaging confirmed no active arterial bleeding, supporting conservative management.
3. Multidisciplinary input from obstetrics, interventional radiology, radiology and plastic surgery - consensus for expectant management.
4. Clinical outcome: discharged Day 6 with full resolution confirmed at 4-week outpatient review.