AIM  To evaluate the use of a local haemostatic agent, Ankaferd Blood Stopper© (ABS©) for the management of the intraoperative and postoperative placental bed bleeding in patients with placenta previa/accreta in repeat cesarean section (C/S)

METHODS  A cross-sectional study was carried on 19 ABS© treated and 21 ABS© untreated patients during repeat C/S. 6cc local ABS was applied on the placental bed in ABS© treated group. Patients were compared in terms of demographic characteristics, pregnancy complications, initial hemoglobin (Hb) and hematocrit (Hct) levels, delta (Hb), (preoperative input Hb value before C/S - lowest Hb value during/after C/S), delta Hct (preoperative input Hct value - lowest Hct intraoperatively/after C/S), blood / blood product transfusion, composite maternal morbidity (disseminated intravascular coagulation [DIC], hysterectomy rate, acute renal failure, new hemodialysis, incisional hematoma, bladder flap hematoma, wound infection and post-operative thromboembolism

RESULTS:  No difference was detected between two groups in terms of age, gravidity, parity, baseline Hb and Hct, preeclampsia, multiple pregnancy, premature rupture of membranes, birth weight, application of B Lynch sutures and uterine, uteroovarian and hypogastric artery ligation; However delta Hb (p = 0.04), delta Hct (p = 0.04) and hysterectomy rates (p=0.03) were significantly lower in ABS© treated group.

CONCLUSION  We conclude that ABS© may lessen the amount of placental bed bleeding; however the agent should attach to the uterine surface. ABS must never be injected into a vessel because of its extreme trombogenic properties.