

## OBG

### Internal Iliac Artery Ligation

Ligation of internal iliac artery has proved helpful in the management of postpartum haemorrhage.

In cases of postpartum haemorrhage when other modes of treatment fails ligation of anterior division of internal iliac artery is recommended.

Retroperitoneum is entered at the level of pelvic brim and common iliac artery is traced to identify internal iliac artery.

Internal iliac artery supply the viscera of the pelvis and many muscles of pelvic wall and gluteal region. It has anterior and posterior division. Posterior division has only parietal branches and anterior division has both visceral and parietal branches. Anterior division starts after 3.5 -5cm from the origin of internal iliac artery and this division is ligated leaving behind the posterior division patent.

After ligation blood supply to the pelvic viscera reestablishes through the anastomosis between internal iliac artery and aorta, thereby preventing ischemic injury to these viscera.

When medical management fails and other means of controlling haemorrhage like B lynch stitches and /or uterine artery ligation also fail to control bleeding internal iliac artery becomes a lifesaving procedure.

Every obstetrician should learn the art of ligating internal iliac artery.

This is a case of couvelaire uterus for which internal iliac artery ligation was done on July 2021

