

REMOVAL OF VAGINAL PACK

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To completely remove vaginal pack(s) from the vagina whilst preventing unnecessary trauma and minimising discomfort to the patient

2. PATIENT

- Woman with a vaginal pack requiring removal

3. STAFF

- Medical, nursing and midwifery staff

4. EQUIPMENT

- Non sterile gloves
- Non sterile plastic backed incontinence sheet
- 0.9% sodium chloride for irrigation
- 10ml syringe
- Small bag for waste disposal

5. CLINICAL PRACTICE

- Explain the procedure to the woman. Analgesia or antianxiolytic may be required, although generally this is not a painful procedure.
- Confirm number of packs insitu from medical notes
- Confirm order to remove packing
- Complete pre-procedure requirements in accordance with Level 1 Procedures within [NSW Ministry of Health PD2014_036- Clinical Procedure Safety](#) including:
 - Confirmation of patient identification
 - Procedure verification confirmed with patient and matches treatment plan
- Wash Hands in accordance with [SESLHD PR/343-Hand Hygiene and bare below the elbows](#)
- Apply gloves.
- Ensure patient privacy
- Adjust bed height to promote safe manual handling for staff member removing pack
- Position on one pillow, if tolerated, and place the woman in the supine position with knees bent feet flat and legs slightly parted and turn the bedclothes down.
- Apply gloves Remove the perineal pad and discard (note vaginal loss for documentation in pad chart or integrated notes / nursing care plan
- Wash Hands in accordance with [SESLHD PR/343-Hand Hygiene and bare below the elbows](#)
- Apply gloves.
- Place incontinent sheet under buttocks
- Separate labia majora and minora to visualise packing
- Moisten gauze using syringe filled with 0.9% sodium chloride (pressure should not be used the saline should trickle out of the syringe)
- Apply gentle and even traction to remove the gauze packing (see Note), continuing to moisten the gauze whilst removing it. Removal should occur whilst patient is breathing out (on expiration).
- Care must be taken when removing gauze packs knotted together to not untie them
- Attend a perineal care following removal of vaginal packing

CLINICAL POLICIES, PROCEDURES & GUIDELINES

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April 2016

REMOVAL OF VAGINAL PACK cont'd

- Remove incontinence sheet and apply fresh perineal pad
- Lower bed and reposition patient to a comfortable position and replace bedclothes
- Ensure patient has buzzer within easy reach and terminate patient encounter appropriately
- Advise patient to rest in bed for at least 30 minutes after vaginal pack removal before mobilising (this decreases the risk of fainting and haemorrhage)
- Ask another staff member to verify that packing material is intact and confirm the correct number of packs have been removed
- Dispose of equipment and rubbish appropriately
- Complete Post-procedure requirements in accordance with Level 1 Procedures within NSW Ministry of Health PD2014_036- Clinical Procedure Safety including:
 - Documentation in the health care record
 - Post procedure instructions and advice for clinical handover
 - Document analgesia given, removal of vaginal pack(s), number of vaginal packs removed, vaginal loss prior to vaginal pack removal and after removal in Integrated notes, nursing care plan/ critical pathway
- Record number of packs removed on the Operation Room Nurses Report (count sheet)
- Report any discrepancies between packs removed and number documented on count sheet to medical officer and document same appropriately
- Monitor vaginal blood loss 15 minutes after vaginal pack removal and prior to patient mobilising. Increase frequency of vaginal loss monitoring if an increase in loss is evident, notify Medical Officer accordingly.
- Assist the woman to the shower.

NOTE - Following gynaecological surgery, the packing material is normally packed in a 'zig-zag' fashion into the left and right vaginal fornices, thus, when removing the packing, traction should be applied at alternating angles to remove the pack with the greatest of ease, reducing tissue trauma and discomfort to the patient

- **If the patient has an indwelling catheter that has also been requested to be removed, the indwelling catheter should remain insitu for at least another 30 minutes after the removal of the vaginal pack (in case of possible complication development ie haemorrhage)**

6. DOCUMENTATION

- Integrated Clinical Notes
- Medication Chart
- Observation Chart
- ObstetriX
- Partogram
- Clinical Pathways
- Antenatal Yellow Card

7. EDUCATIONAL NOTES

- Vaginal packing is an emergency treatment for excessive bleeding per vagina, which can occur following cone biopsy, laser to cervix or trauma to the lower genital tract. It is usually performed in the emergency centre, outpatient or theatre area.

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8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf
- NSW Ministry of Health (2014). [Clinical Procedure Safety](#). (PD2014_036).
- SESLHD (2014). [Hand Hygiene and bare below the elbows](#) (PR/343).

9. RISK RATING

- Low Risk.

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

1. Clinical guidelines – King Edward memorial hospital Perth. 1.6.3 insertion and removal of vaginal pack 2014

REVISION & APPROVAL HISTORY

Reviewed and endorsed Gynaecology Services Patient Quality & Safety Committee 25/2/16

Approved Quality Council 15/7/02

Endorsed Gynaecological Oncology Clinical Committee 5/7/02; Maternity Services Clinical Committee 9/7/02 & Gynaecology Clinical Committee 12/7/02

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