

# NASG PROCEDURES & SURGERY



Performing Procedures & Surgery  
for Women in the NASG

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## Performing Procedures & Surgery for Women in the NASG

### Vaginal Procedures with the NASG Applied

The NASG is designed to permit complete perineal access. The source of most obstetric haemorrhage can be located and treated while the garment maintains the woman's pulse and blood pressure, decreases blood loss, and maintains tissue oxygenation. Urinary catheterization can also be performed with the NASG in place.



**NASG permits complete  
perineal access**

**The following vaginal, genital or urinary procedures can be performed  
on a woman in the NASG:**

1. Placement of straight catheter or indwelling urinary bladder catheter
2. Placement of balloon tamponade
3. Repair of episiotomy or vaginal and cervical lacerations
4. Manual removal of the placenta
5. Bimanual compression (external or internal)
6. Dilation and curettage (D&C) or Dilation and evacuation (D&E)
7. Manual vacuum aspiration (MVA)





**Any vaginal procedure can be performed with the NASG in place**

## Abdominal Surgery with the NASG Applied

If the patient requires surgery, she should remain in the NASG for the surgery. The abdominal and pelvic segments (#4, #5, and #6) may be opened, but only immediately before the first incision. The anesthesiologist or anesthetist needs to be ready to administer boluses of IV fluids for any blood pressure drop when the abdominal segment is opened.

**Hemostatic surgeries that can be performed with the NASG in place, but abdominal segments opened, may include:**

1. Cesarean section (of a non-viable fetus)
2. Repair of ruptured uterus
3. Hysterectomy
4. Salpingectomy/salpingostomy
5. Ligation of arteries
6. Laparotomy
7. Laparoscopy
8. Removal of placenta accreta
9. Repair of broad ligation hematoma
10. B-Lynch or other uterine compression sutures

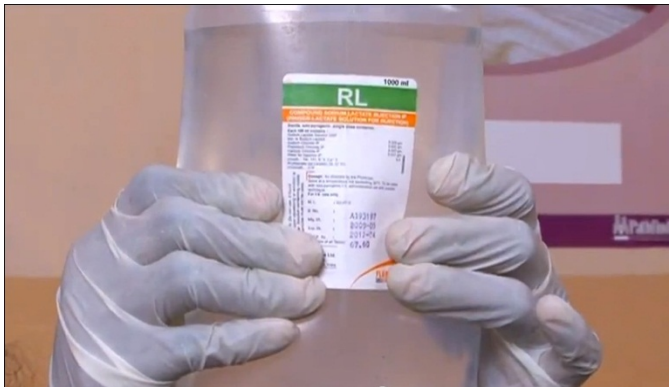


# STEP 1

Clinicians (such as circulating nurse or surgery technicians) should open segments #4, #5 and #6 immediately before surgery. When these segments are open, the patient may go back into shock. The anesthesiologist/anesthetist may need to give IV fluid boluses to maintain blood pressure until hemostasis is achieved.



**Open segments #4, #5, and #6 immediately before surgery**



**Anesthetist/anesthesiologist should be prepared to give IV boluses when the NASG is open**





## STEP 2

If necessary, the staff should place the patient in Trendelenberg position.

## STEP 3

The clinician should perform the surgical procedure(s).

## STEP 4

The clinician should replace segments #4, #5, and #6 as soon as the surgery is complete.



**Replace segments #4, #5, and #6  
as soon as the surgery is complete**

## *Materials for Practice*

1. NASG Video (procedures/surgery training are in the NASG training video at the 5 minute and 36 second mark (5:36))





## Knowledge Assessment

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*See if you can answer these questions correctly. After you have marked your answers look below for the correct answers. If you did not answer any of the questions correctly, go back to the section about that topic and review.*

1. Urinary catheterization cannot be performed with the NASG in place. **(True/False)**
  
2. Which of the following vaginal procedures are possible with the NASG in place? (Tick all that apply.)
  - a. Repair of vaginal/cervical lacerations
  - b. Manual removal of placenta
  - c. Bimanual compression
  - d. D&C or D&E
  - e. MVA
  
3. The NASG should be completely removed for surgery. **(True/False)**
  
4. The abdominal segments should be opened immediately before abdominal surgery.  
**(True/False)**
  
5. When should the abdominal segments be closed after surgery?
  - a. Two hours after surgery
  - b. Immediately after surgery
  - c. The abdominal segments should not be closed after surgery





## Knowledge Answers

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1. Urinary catheterization cannot be performed with the NASG in place. **(True/False)**

**Answer: False. Urinary catheterization CAN be performed with the NASG in place.**

2. Which of the following vaginal procedures are possible with the NASG in place? (Tick all that apply)

- a. Repair of vaginal/cervical lacerations
- b. Manual removal of placenta
- c. Bimanual compression
- d. D&C or D&E
- e. MVA

**Answer: ALL of the listed procedures can be performed with the NASG in place. ANY vaginal procedure can be performed with NASG in place.**

3. The NASG should be completely removed for surgery. **(True/False)**

**Answer: False. Only the pelvic and abdominal segments (#4, #5, and #6) should be opened immediately before abdominal surgery begins.**

4. The abdominal segments should be opened immediately before abdominal surgery. **(True/False)**

**Answer: True**

5. When should the abdominal segments be closed after surgery?

- a. Two hours after surgery
- b. Immediately after surgery
- c. The abdominal segments should not be closed after surgery

**Answer: b. Immediately after surgery**

