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## Correspondence

## Response to correspondence “Prophylactic use of Bakri balloon for placenta previa surgery: A simple procedure to prevent balloon prolapse”

Dear Editor,

We appreciate the opportunity to address the comments and concerns raised by Dr. Matsubara regarding our previous report [1]. We agree with his suggestions and would like to comment on these in detail.

In the previous study, we showed that the prophylactic use of the Bakri balloon to prevent placenta previa during a cesarean section helps achieving hemostasis with high efficacy [1]. However, using the balloon was not successful in all cases, and the present study showed that the balloon prolapsing was the main problem causing persistent hemorrhage [2]. When the balloon prolapsed, we attempted to re-insert the Bakri balloon in the same way immediately. Hence, Dr. Matsubara described the method to insert the Bakri balloon vaginally holding the cervical lips using forceps [3]. Because this method was easy and effective, we believed that it was the method of choice.

The most important point is to prevent the prolapse of the Bakri balloon, which Dr. Matsubara mentioned as well. He suggested the simple and unique methods, the “Fishing technique” and “Matsubara-Takahashi (MT)-holding the cervix” [4,5], for preventing the balloon from prolapsing. According to his reports, the Fishing technique is effective during the surgery, and MT-holding is suitable after the placement of the Bakri balloon. Furthermore, a combination of these techniques could resolve our most concerning problem. Thus, we should examine the effectiveness of these methods.

In the present study, our success rate was 87% based on our definition of achieving hemostasis by using the Bakri balloon only once. However, as Dr. Matsubara stated, if we defined success as using the Bakri balloon at all and disregarded the amount of times, the success rate was 99%. This means that the Bakri balloon can control massive hemorrhage in almost all women with placenta previa. However, the hemorrhage increased once the balloon prolapsed. Therefore, we considered the prolapse of the balloon as not successful and aim to develop a new strategy to prevent prolapse of the balloon as Dr. Matsubara suggested in future studies.

We thank Dr. Matsubara for his interest in our study. Although we are aware that there is still room for improvement to modify

the use of the Bakri balloon, we believe that the Bakri balloon could be an extremely effective tool for placenta previa.

## Conflicts of interest

The authors declare no conflict of interest.

## Acknowledgment

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