

Centre of Excellence for Placenta Accreta Spectrum: Surgical and Maternal Outcome

092L

Authors:

S. Ahmeed, E. Al Sanei, K. Al Wadi

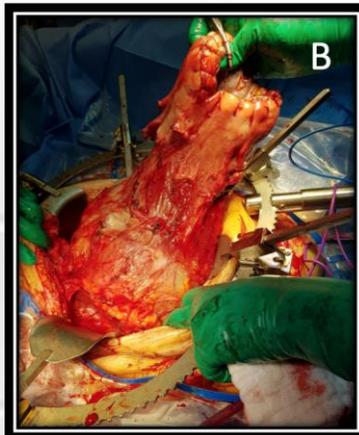
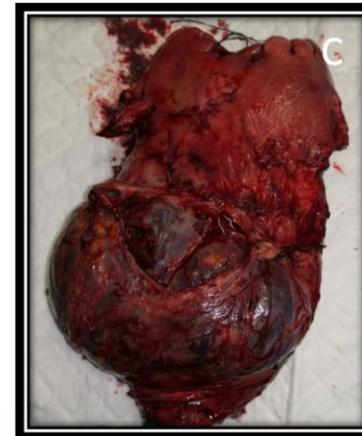
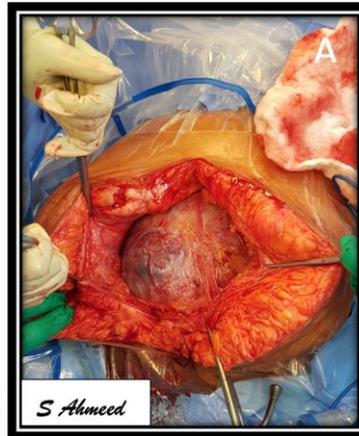
Women's Specialized Hospital, King Fahad Medical City, Riyadh, Saudi Arabia

Objectives:

We built our multidisciplinary team for management of the placenta accreta spectrum (PAS) cases and we are presenting our experience and outcomes.

Methods:

This is a prospective cohort study done between April 2018 and March 2019. All women with radiological evidence of PAS and confirmed intraoperatively were included in the study and treated by the same team. All elective cases were booked for caesarean hysterectomy or conservative surgery between 34–36 week gestation. Same surgical technique was applied in all cases. Our standard surgical approach consists of lithotomy position under general anaesthesia, a midline laparotomy, adhesiolysis, classical uterine incision, bilateral internal iliac artery ligation, en-bloc hysterectomy with placenta in-situ (Fig-A,B,C). For conservative surgery: bilateral internal iliac artery ligation, removing the placenta, resection and repair of the defective uterine wall and bilateral salpingectomy.

**Results:**

A total of 75 cases of PAS were referred to our center and managed by the same team. 72% of the cases were done electively. The mean maternal age was 36 years old. The median number of caesarean section scars was 3. At time of surgery, 85% of cases were at 34 week gestation. Overall intraoperative complication rate was 26.7%. These complications are bladder injury (17.3%), ureteric injury (4%), vascular injury (2.7%), massive bleeding and DIC (8%), maternal mortality (2.7%). Postoperatively 12% shifted to ICU under ventilation support. The median postoperative hospital length of stay was 5 days. The median blood loss was 3,300 ml. The median blood products transfused was 6 units of each of the following: PRBC, FFP, platelets and 11 units of cryoprecipitate.

Conclusions:

Multidisciplinary team management of PAS cases with prespecified protocol improves the surgical and maternal outcomes.

