

EP16.64 Maternal outcomes following bilateral hypogastric artery ligation in placenta accreta spectrum and severe obstetric hemorrhage: a retrospective tertiary-center cohort

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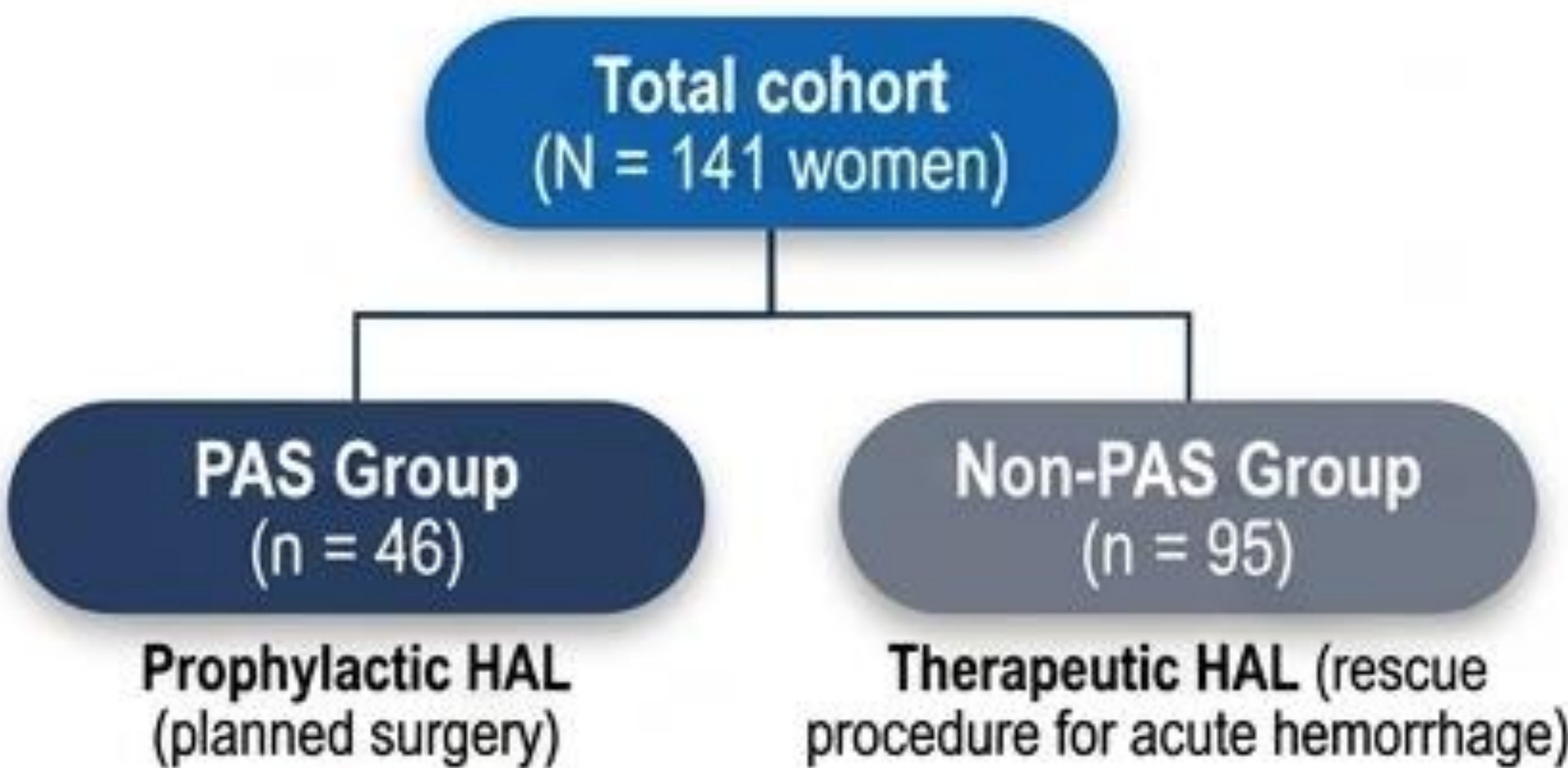
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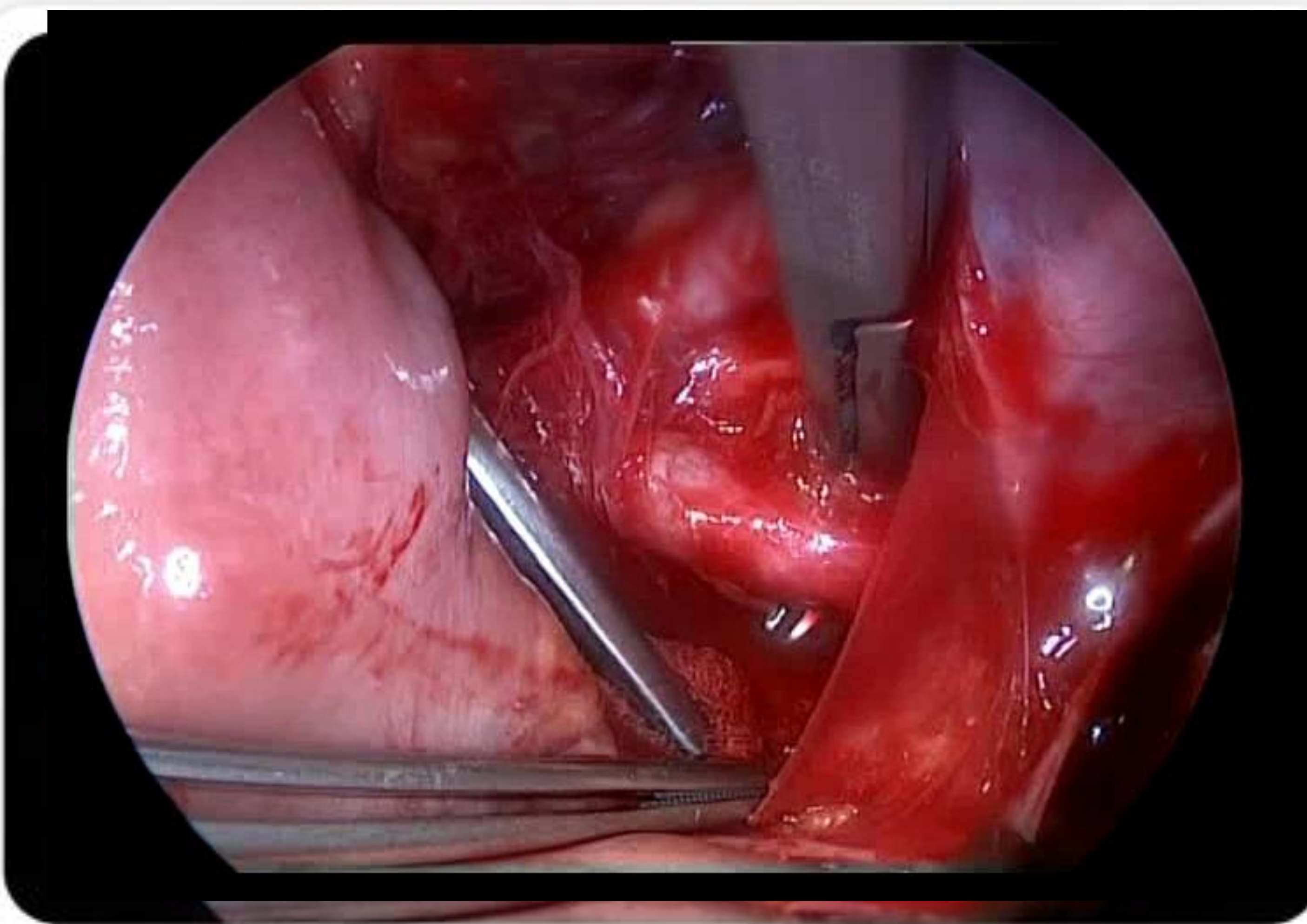
Introduction and Objectives

- The hemostatic efficacy of HAL remains controversial, however, its procedural safety is not sufficiently explored in current literature.
- Objective:** To evaluate maternal morbidity and the safety of prophylactic vs. therapeutic ligation (HAL) in current obstetric practice.

Methodology and Cohort



Primary endpoint:
Early non-transfusion severe maternal morbidity (DIC, urinary tract injury, reoperation within 7 days).
Note: Transfusions excluded from the primary endpoint to eliminate bias from surgical indications.



Comparison of Perioperative Morbidity

Severe morbidity (Primary endpoint) - PAS: 24.2 % - Non-PAS: 23.9 %	Comparable ($p = 1.000$)
Bladder injury - PAS: 17.8 % - Non-PAS: 3.3 %	Higher in PAS (due to placental invasion into the bladder – FIGO 3b)
Severe ischemic complications - PAS: 0 % - Non-PAS: 0 %	Absence of complications (including long-term follow-up)

Conclusion: HAL is a safe and integral part of the multidisciplinary management of severe obstetric hemorrhage in expert tertiary centers.

Key Findings

Independence of morbidity:
Despite significantly higher surgical complexity in PAS, the antenatal risk of PAS itself is not an independent predictor of higher surgical morbidity (when adjusting for gestational age and previous surgeries).

Urological morbidity:
The increased incidence of bladder injury reflects the anatomical extent of invasion (FIGO 3b), not the ligation technique itself. No ureteral injuries were recorded.

Long-term safety:
No severe long-term ischemic complications or ischemic soft tissue necrosis associated with devascularization were recorded in the followed group.