ERGONOMICS IN THE INTERVENTIONAL RADIOLOGY OPERATING THEATRE FOR PLACENTA ACCRETA MANAGEMENT

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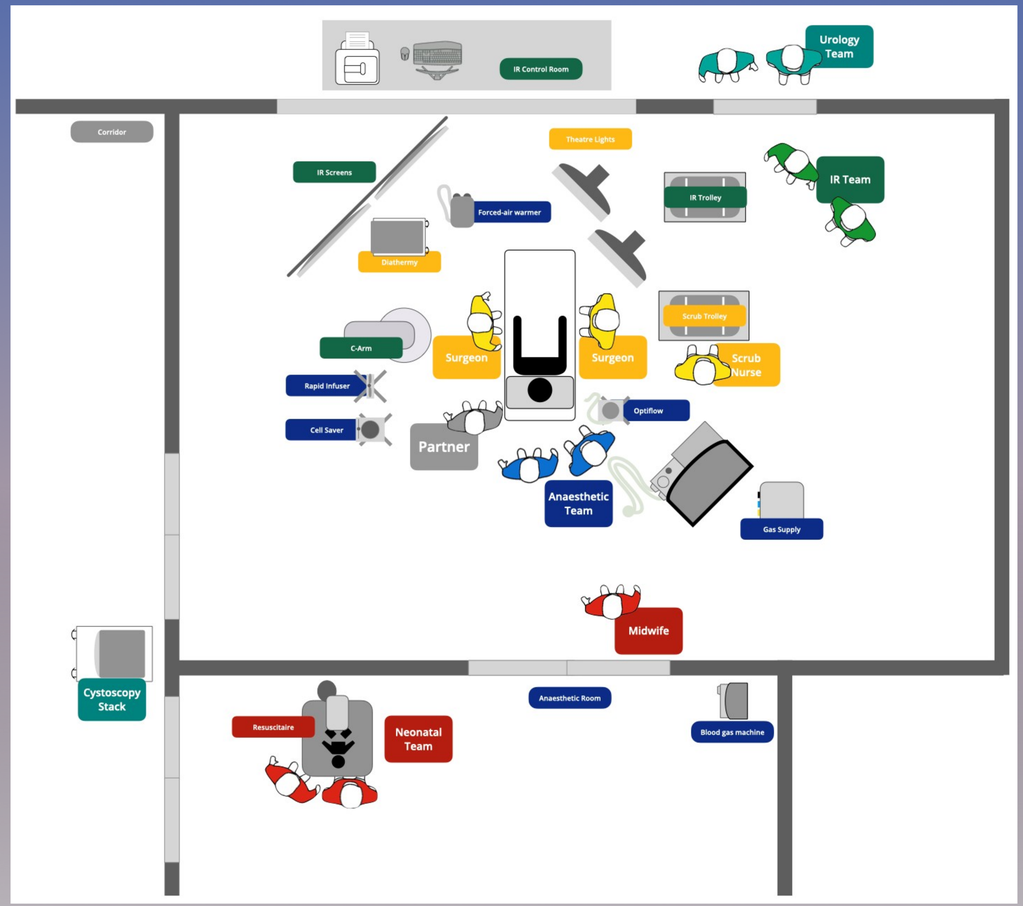
Introduction

- Mortality from placenta accreta can be as high as 7%[1].
- Incidence is rising with the increasing rates of lower segment Caesarean sections.
- Affects up to 1 in 500 deliveries[1]
- Perioperative planning with the multidisciplinary team can help to reduce the composite morbidity rates[2].
- Ergonomics (or human factors) is the scientific discipline concerned with the interaction of humans and other elements of the system to improve overall performance.
- As a tertiary institute who regularly manage placenta accreta spectrum patients, we have developed a clear MDT approach with specific workspace ergonomics to improve outcomes.

Method

- Perioperave MDT planning meetings.
- Development of a workplace ergonomic design for managing placenta accreta paents in the interventional radiology operating suite.
- Design based on the multidisciplinary teams experience over the last 10 years.

Results



Discussion

- Management of placenta accreta is reliant on a vast muldisciplinary team, including obstetricians, gynaecologists, intervenonal radiology, anaesthecs, neonatology, midwifery and urology.
- Each team requires their own equipment.
- While clear communication and peri-operative planning are key to success, accommodating a large number of people and equipment in a small space can be challenging and hazardous to patient safety.
- Lack of attention the ergonomics of the workspace can be detrimental to team performance.
- Creating a standardised approach to equipment placement and team member formation for every accreta patient, can improve patient safety and team performance.

References

1. Reale SC, Farber MK (2021) Management of patients with suspected placenta accreta spectrum. BJA Education 22(2):43-51
2. Walker MG, Allen L, Windrum RC et al (2013) Multidisciplinary management of invasive placenta previa. J Obstet Gynaecol Can 35(5):417-425