

Management of patients with placenta accreta spectrum at a tertiary Centre: Summary of past 4 years

Dr M Agarwal, Dr J Bell, Dr R Hartop: Department of Anesthesia; St George's Hospital, Blackshaw Road Tooting, London

INTRODUCTION

Placenta accreta spectrum (PAS) is a disorder ranging from abnormally adherent to deeply invasive placental tissue. It is associated with very high maternal morbidity and mortality and is the most common indication of peripartum hysterectomy (1).

Placenta accreta spectrum disorders include placenta accreta, in which the placental villi adhere to the myometrium; placenta increta, invasion of the myometrium; and in its most severe form, placenta percreta, invasion through the myometrium to the serosa and surrounding organs.

St. George's Hospital runs a regional referral service for the management of patients with suspected PAS. We present this study to evaluate the key considerations in the management of patients with PAS at our centre and how our practice has evolved over time to improve patient care.

METHOD

We retrospectively reviewed all the patients with PAS over the last 4 years (2021–2024) from our database. The patients with confirmed pathological and /or surgical diagnosis were included in the study.

DISCUSSION

As evident in the results, the overall outcome of the patients has improved over the years with decrease in average blood loss, requiring less transfusion of blood products, early discharge and lower rate of ITU admission. This improvement in patient care is a result of multiple factors:

HUMAN FACTORS: Theatre team includes two Consultant Anaesthetists, two Consultant Surgeons, two senior Operating Department Practitioner (ODP) and a dedicated ODP for cell saver.

CHANGE IN SURGICAL PRACTICE: Planned hysterectomies, use of cervical tourniquets by some surgeons

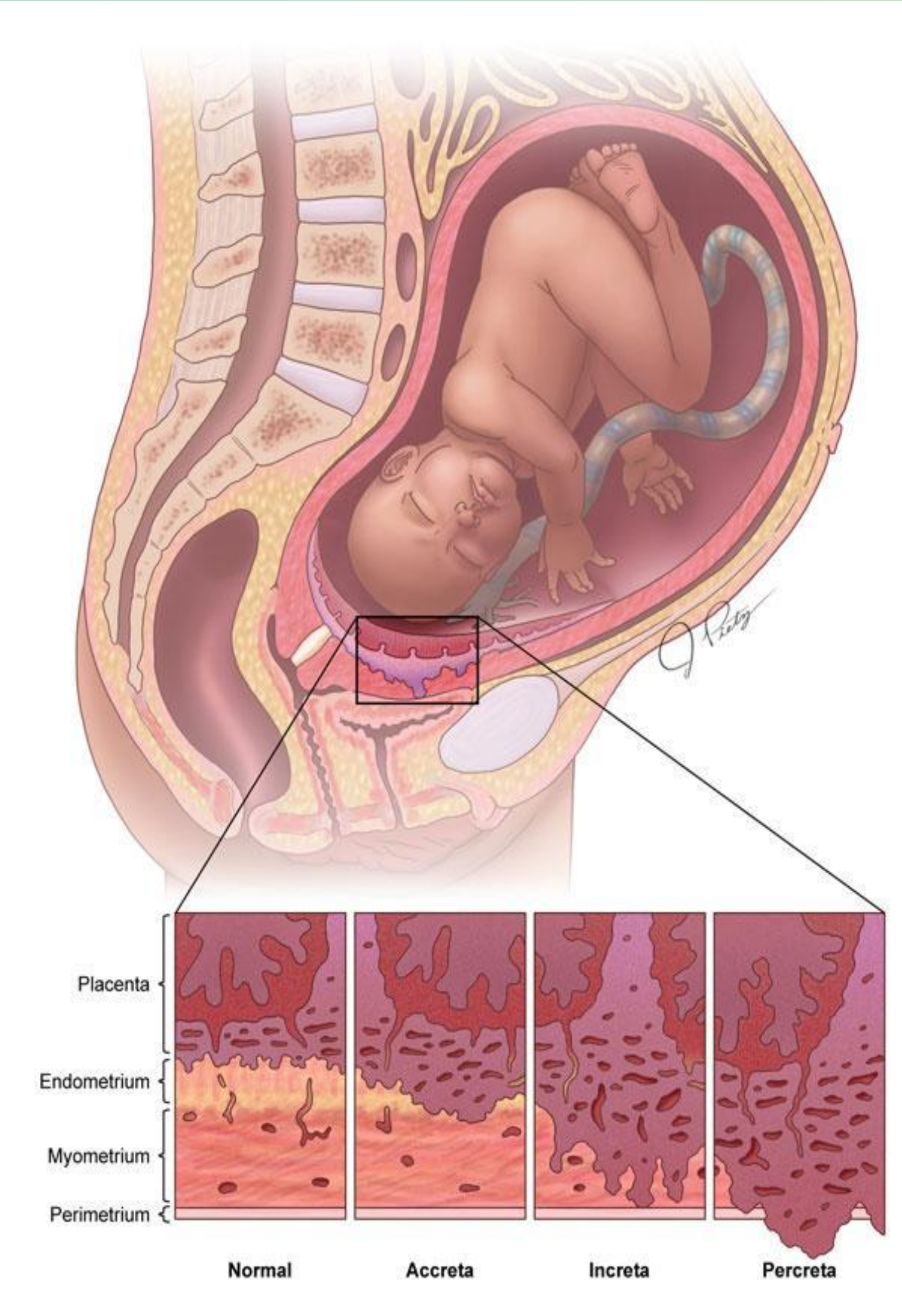
BLOOD PRODUCTS: Easy access to Thrombo-elastography (TEG) results in Operating Theatre, TEG driven protocol for blood transfusion, introduction and availability of Fibrinogen concentrate in the operation theatre from November 2023.

MODE OF ANAESTHESIA: Based on the patients' experiences, the preferred mode of anaesthesia has gradually shifted from General anaesthesia to combined Spinal Anaesthesia and General Anaesthesia over last year.

Our results show that a good outcome in patients with PAS depends on early diagnosis, communication between the team members and the patient and comprehensive multidisciplinary treatment by the accreta team.

REFERENCE

Management of patients with suspected placenta accreta spectrum [S.C. Reale](#) · [M.K. Farber](#) BJA Education, 22(2): 43-51 (2022)



RESULTS

TABLE SHOWING COMPARISON OF PAST FOUR YEARS

Year	2021	2022	2023	2024
Confirmed Cases	14	10	16	23
Median EBL (ml)	5000	3650	4350	3000
IR Used	64.28%	20%	25%	17.39%
Hysterectomy	35.71%	60%	87.5%	78.26%
Average PRBC	7.23	6.55	4.875	4.9
Patients receiving >2 types of blood products	57.14%	40%	68.75%	39.13%
ITU admission	35.7%	10%	31.25%	6.89%
Average Length of stay (Days)	6.46	5.60	4.31	4.04
Preferred mode of anaesthesia	GA 50%+RA 50%	GA (60%)	14 (87.50%)	Combined RA+GA (86.95%)

EBL : Estimated Blood Loss; IR : Interventional Hysterectomy; ITU: Intensive Therapy Unit; GA: General Anaesthesia; RA : Regional Anesthesia