

Aortic occlusion clamp during Caesarean hysterectomy for Placenta Accreta Spectrum(PAS):a case series

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Introduction

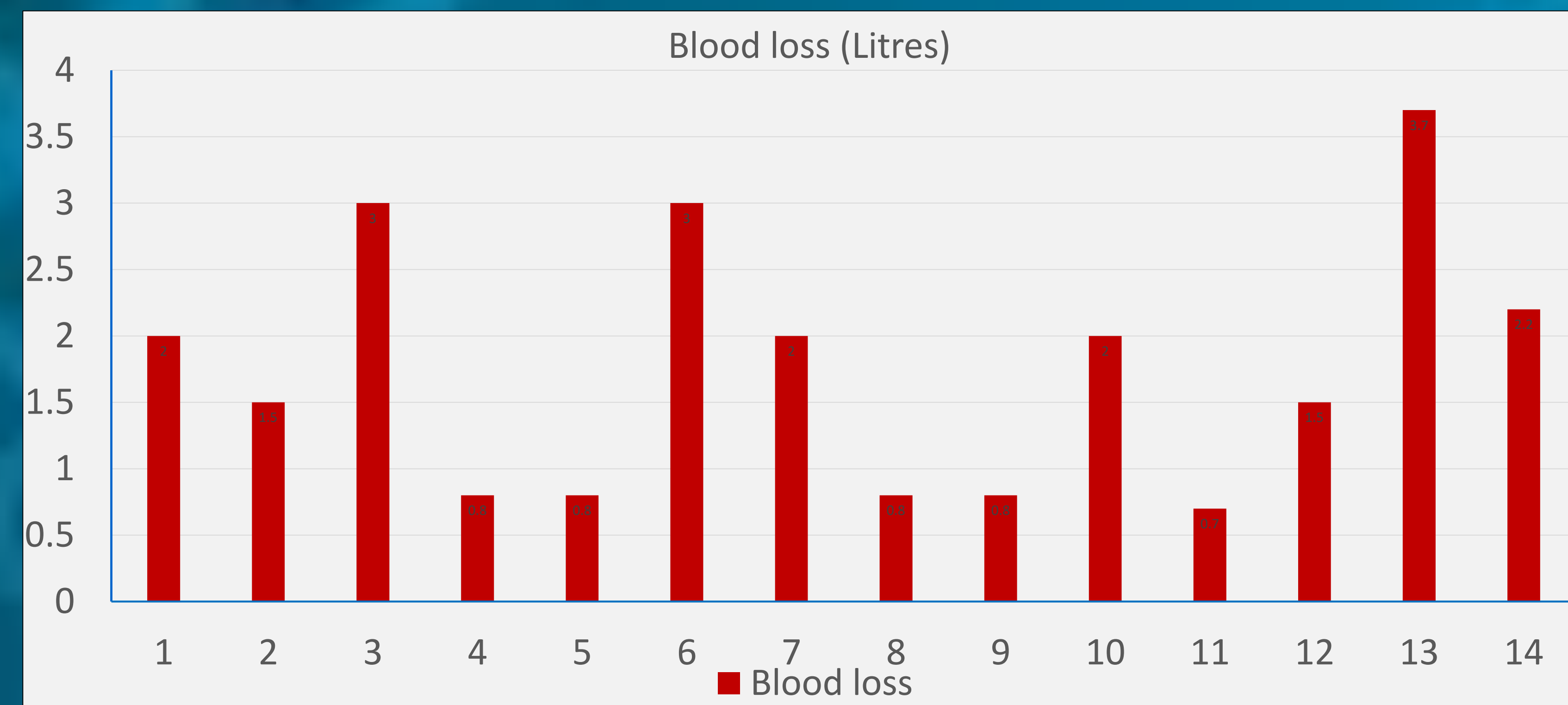
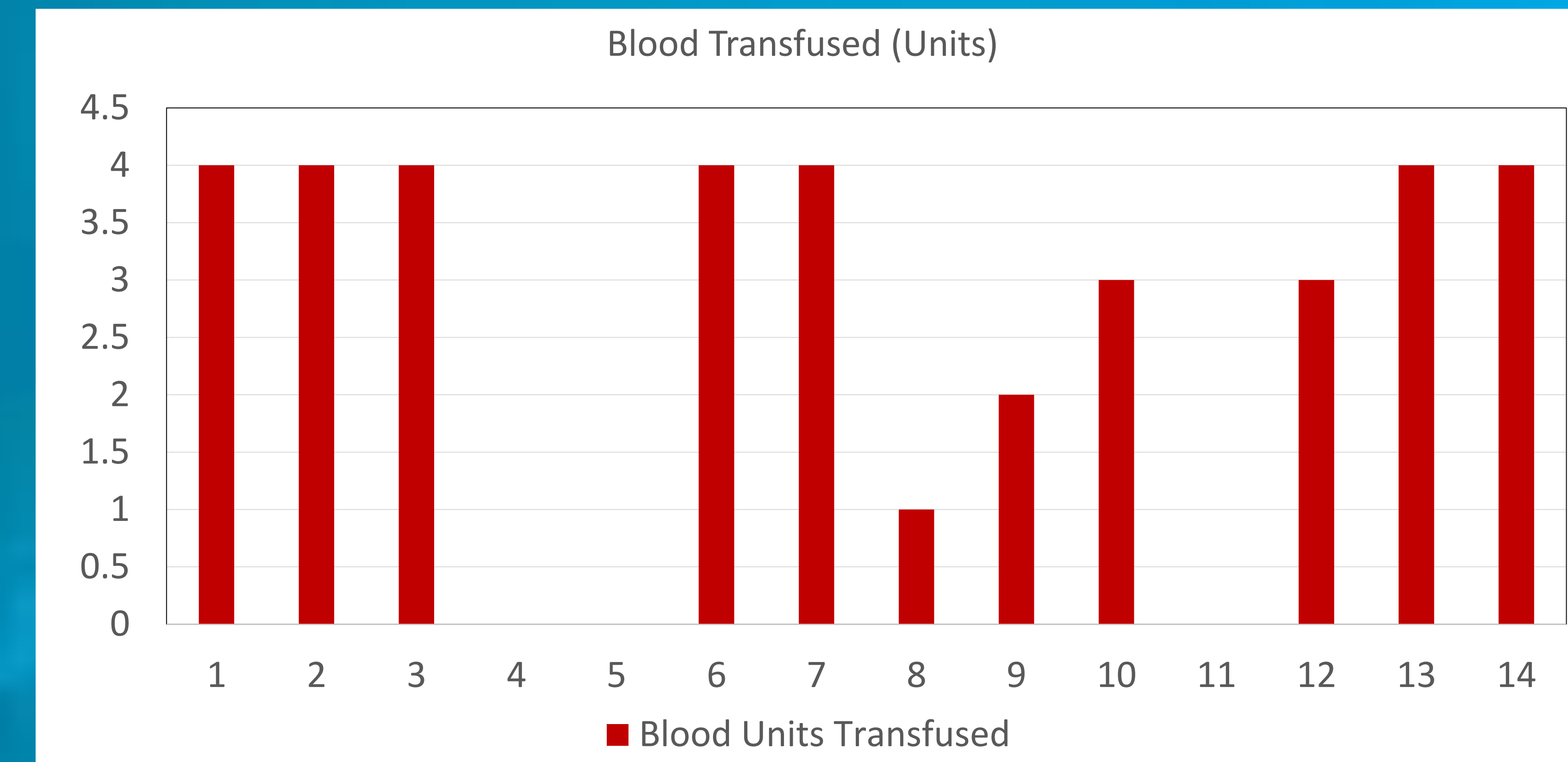
PAS is a leading cause of maternal death and near-miss in our state and only a handful of centres are equipped with facilities for intraaortic balloon or arterial embolization which are expensive and not entirely free of complications. We wanted to assess the maternal outcome of cases managed with Paily's aortic occlusion clamp during Caesarean hysterectomies done for PAS at our hospital.

Methods

Data was collected from records of 14 patients with PAS who had Paily's aortic clamp applied after delivery of baby and prior to Caesarean hysterectomy from January 2016 to December 2021 at Government Medical College Hospital, Thrissur, Kerala, India.

Results

6(42.9 %) cases were diagnosed intraoperatively. 12 (85.7 %) had a Classical Caesarean and 2(14.3 %) had a lower segment Caesarean followed by total hysterectomy. Mean duration of application of the clamp was 28.21 ± 12.49 min (Range 15-60 min). The mean blood loss was 1.77 ± 0.96 litres (95% CI 1.21-2.33). Mean units of blood transfused was 2.64 (95 % CI 1.67-3.62). None of the patients required inotropes or critical care. There were 2 cases (14.2 %) of bladder injury, both occurred in FIGO type 3b PAS. There were no cases of vascular injury, organ ischemia, thrombosis or relaparotomy for bleeding. Mean duration of hospital stay was 11.35 ± 5.38 days.



Conclusion

Aortic clamping prior to Caesarean hysterectomy is a safe and effective method to reduce blood loss in Placenta Accreta Spectrum.