EP.0425 - 'TAMING THE KILLER' – STRATEGIES TO MINIMIZE PLACENTA PRAEVIA AND ACCRETA RELATED COMPLICATIONS

Silva, PGYS[1], Padumadasa, GS[2]
[1]University Obstetric and Gynaecology Unit, North Colombo Teaching Hospital, Ragama, Sri Lanka
[2]Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Kelaniya, Sri Lanka

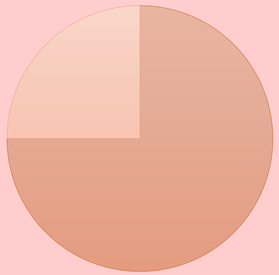
Methods

- A retrospective analysis
- Eight cases
- Suspected placenta praevia accreta
- University Obstetric and Gynaecology Unit, CNTH
- July 2018 - February 2019

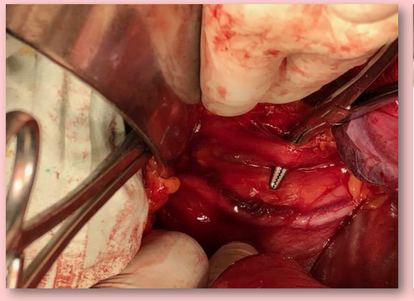
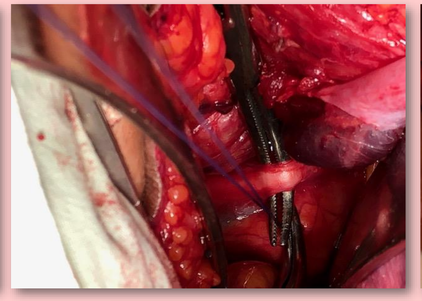
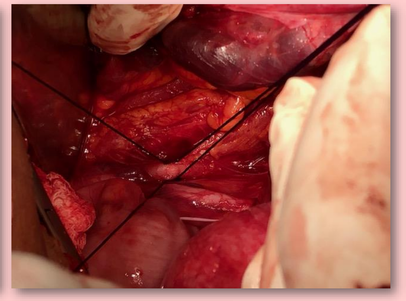
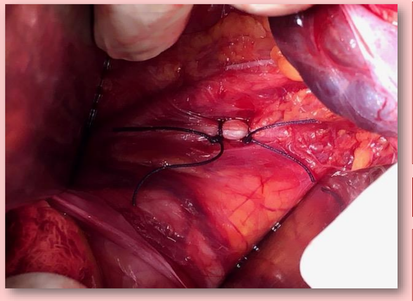
Measures

- The mode of anaesthesia
- The type of skin & uterine incisions
- Operating time
- The need for hysterectomy
- The need for blood transfusion pre, intra & post operatively
- Admissions to intensive care unit
- Post-operative hospital stay
- Serious maternal morbidity

Anaesthesia



The technique of internal Ileac artery ligation

Skin & Uterine Incisions

All surgeries were performed via suprapubic transverse skin incisions and transverse incisions on the lower segment of the uteri. However, the incisions on the uteri had to be made at a slightly higher location than usual in order to avoid the placenta in two cases

Need of Blood Transfusion

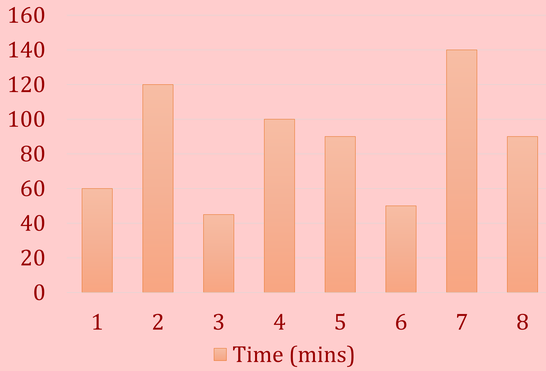
Transfusion of red cell concentrates had to be performed…

- Pre – operatively – 4 cases (mean = 1.75)
- Intra – operatively – 5 cases (mean = 1.4)
- Post – operatively – 3 cases (mean = 2)

Post operative transfusions are 30 % from total transfusions.

Pre op optimization of Hb will improve the allowable blood loss during the surgery. Reduced need for post op transfusion will reduce the morbidity by early mobilization.

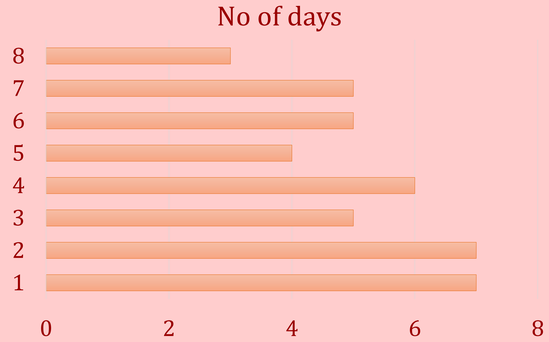
Operative Time



The mean duration for surgery was 1 hour and 26 minutes.However this increased to 2 hours and 10 minutes in the two cases in which hysterectomy was performed

Ligation of bilateral internal iliac arteries was performed in all but one of the cases.

Post – op hospital stay & morbidity



- Average hospital stay - 5.25 days' (Indications due to neonatal care were not excluded).
- Two cases of postpartum pyrexia.
- One case of urinary tract infection.
- Urinary catheter had to be kept in situ for five days during the post-op stay in a case as the bladder had to be dissected extensively although there had been no injury.

Post Operative Care

- Routine post operative care at postnatal ward
- Non pharmacological DVT prophylaxis for all
- No ICU admissions

Conclusions

Significant morbidity and mortality due to placenta praevia accreta can be avoided by careful preoperative planning, active involvement of seniors, timely interventions such as bilateral internal iliac artery ligation and early recourse to hysterectomy.

References

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