

Efficacy of tourniquet application in minimizing intraoperative blood loss in cesarean hysterectomies for placenta accreta.

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Objective : The aim of this study was to evaluate the contribution of tourniquet placement in cesarean hysterectomy for placenta accreta.

Design : It was a prospective and cross-sectional study over a three-year period.

Methods: The study included 43 patients who underwent cesarean hysterectomy, 23 of whom were operated on with a tourniquet routinely applied and 20 without.

Results: The mean age was 37 years. Tourniquet application significantly reduced: the estimated intra operative blood loss volume (Tourniquet group: 530 ± 135 vs. 940 ± 120 ml in the control group, $p= 0.0074$), hemoglobin change (Tourniquet group: 0.6 vs. 2.5 g/dl in the control group, $p= 0.006$), transfusion requirements (Tourniquet group: 2 ± 1.7 vs. 4.3 ± 2.1 units in the control group, $p= 0.046$), disorders of hemostasis (Tourniquet group: 1 (5%) vs. 6 (26%) in the control group, $p= 0.013$), and incidence of bladder wounds (Tourniquet group: 1 (5%) vs. 5 (22%) in the control group, $p= 0.048$). We also noted a decrease in operating time with a gain of 45 min in favor of the tourniquet group.

Conclusions: The study highlighted the importance of cervical tourniquet placement for bleeding control during radical treatment of placenta accreta.