

Practical tips in the management of placenta accreta spectrum disorders (PASD)

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Introduction

This e-poster describes a simple method in preventing massive bleeding and fertility preservation in anteriorly placed placenta accreta (PASD)

Procedure: Identify

Appearance : a thin serosa, a blue bulge with increased vascularity in the lower segment. Ensure adequate access



Incise uterus on the fundus away from the placental bulge. Exteriorise uterus if possible, deliver baby from fundus cut, ligate cord close to insertion



Incise broad ligaments, and insert Jacques catheter (flexible ligature) through the incisions around the lower part of the uterus including the lower bladder; knot anteriorly under tension secure with forceps



Close the fundus in 2 layers, ligate the bladder vessels, (which will be less turgid with blood) and reflect bladder off the lower segment



Apply a second ligature to include the infundibulo-pelvic ligament, and the uterine arteries. Tension is applied until loss of tone of the uterus and it appears pale. More tension can be applied as needed by placing a straight forceps between the knot and lower aspect of the uterus behind the bladder. The affected area is then excised

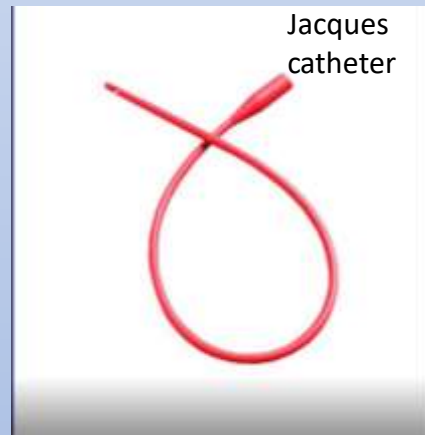
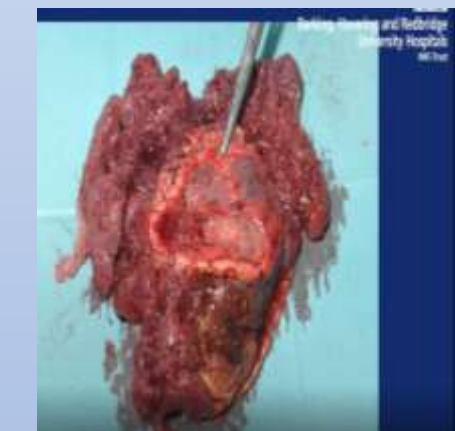


The first layer closure is by interrupted sutures beginning from each angle to maintain symmetry, Routine second layer closure. Bilateral uterine artery ligation to complete



Conclusion

The use of a simple flexible ligature at key times during surgery for PASD and in the manner described is a simple but invaluable method for preventing massive blood loss. It can aid with resuscitation, allow for senior support to arrive if the situation is an emergency, and can be fertility sparing when excision can be performed as with anterior placed placentae. Of importance it is a life saving technique that can be used in resource poor countries with scarce transfusion and interventional radiology facilities



The team

