



Outcomes of (PAS) using conservative surgical approach in an Egyptian maternity hospital

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Objectives

Objective: Placenta accreta spectrum (PAS) is a term used to describe abnormal placental invasion, including placenta accreta (penetration <50% of the myometrium), increta (penetration >50% of the myometrium) and percreta (penetrates beyond the myometrium to the uterine serosa and adjacent organs). Placenta accreta has become an important cause of maternal morbidity and mortality and is the leading cause of peripartum hysterectomy. At Al-Galaa maternity hospital in Cairo, Egypt, we have established a surgical approach aiming to conserve the uterus and preserve fertility in pregnant women with PAS undergoing an elective caesarean section. Our objective is to determine the maternal outcomes of this approach and establish its success and safety as a conservative surgical management option.

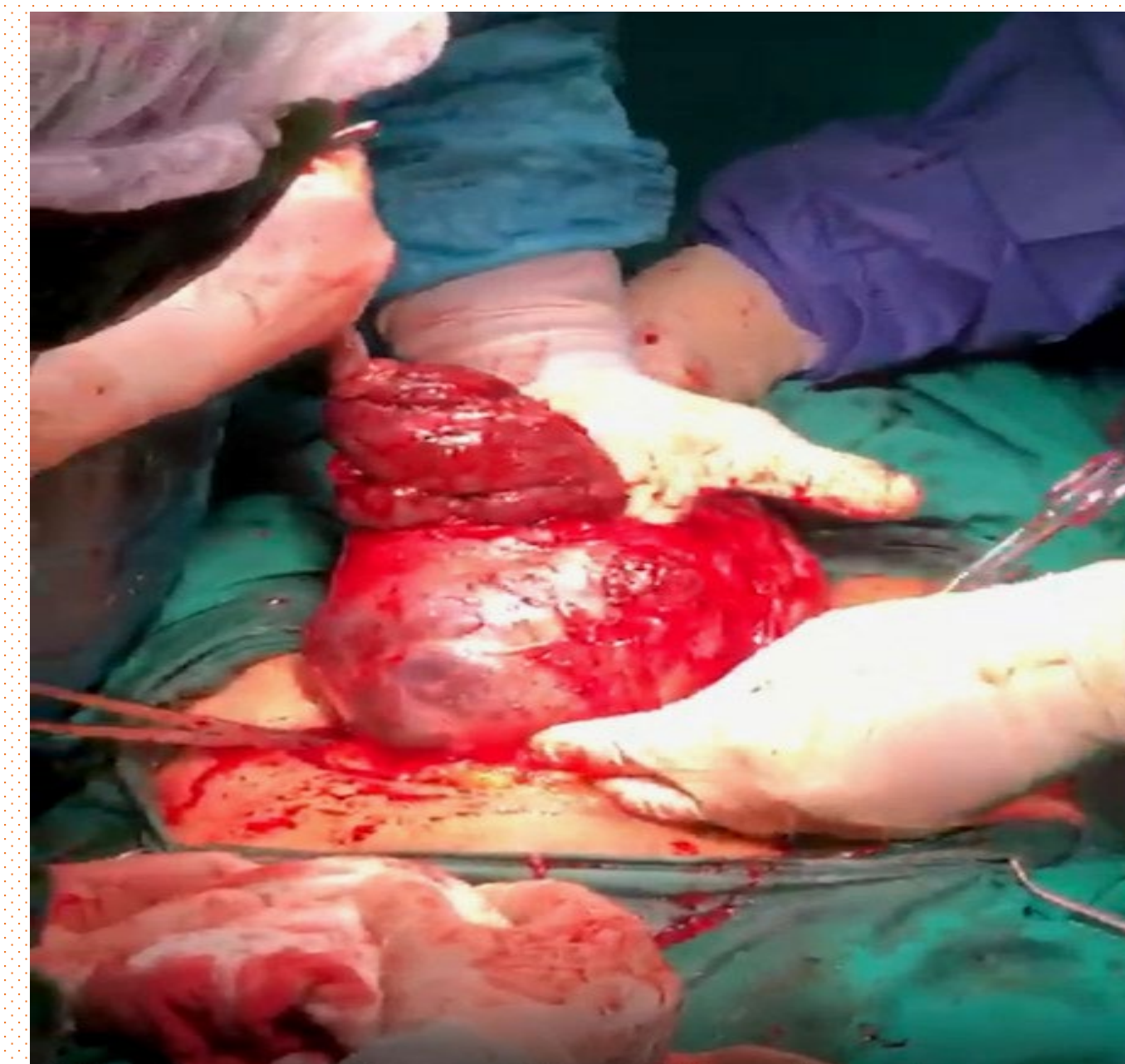


Figure 1. Gentle separation of the placenta from the Upper segment .

Design and Methods

Design: This was a retrospective analysis of the maternal outcome in 60 pregnant women who were diagnosed with PAS and who underwent an elective caesarean section using this conservative surgical approach between 37-38 weeks at Al-Galaa maternity hospital.

Method: Maternity case notes and the database were reviewed to determine the hysterectomy rate, estimated blood loss , procedure-related complications, and postoperative hospitalization .The conservative surgical approach involved identifying the precise location of the placenta by the surgeon, dissecting and mobilising the bladder below the level of external os, performing a uterine incision 2cm above the upper margin of the placenta, delivering the baby by breech extraction to avoid early placental interruption, exteriorisation of the uterus, opening of the broad ligament, clamping of the uterine arteries and placental separation attempts (Figure 1). If focal invasions are identified, horizontal sutures of the myometrium were applied, when larger areas of invasions are present horizontal myometrial resection was performed. This was followed by transverse B-lynch compression suture and closure of the uterine incision with locking sutures (Figure 2). 40 units Syntocinon and 500 mcg ergometrine were given intra-operatively in all cases. Once heamostasis was ensured the abdomen was routinely closed.

Results

Results: Out of the 60 women where this surgical approach was used (3/60, 5%) ended with caesarean hysterectomy. (54/60, 90%) had estimated blood loss of less than 1000 mls, incidence of bladder injury was (2/60, 3%) and 0% ureteric injury.(57/60, 95%) were discharged from the hospital after 48 hours. There were no ICU admissions.

CONCLUSIONS

Conclusions: This surgical approach was 95% successful in preserving fertility in women diagnosed with PAS by avoiding a caesarean hysterectomy with more than 90% having good outcome and straightforward recovery. However, further research with larger sample size is needed to provide robust evidence.

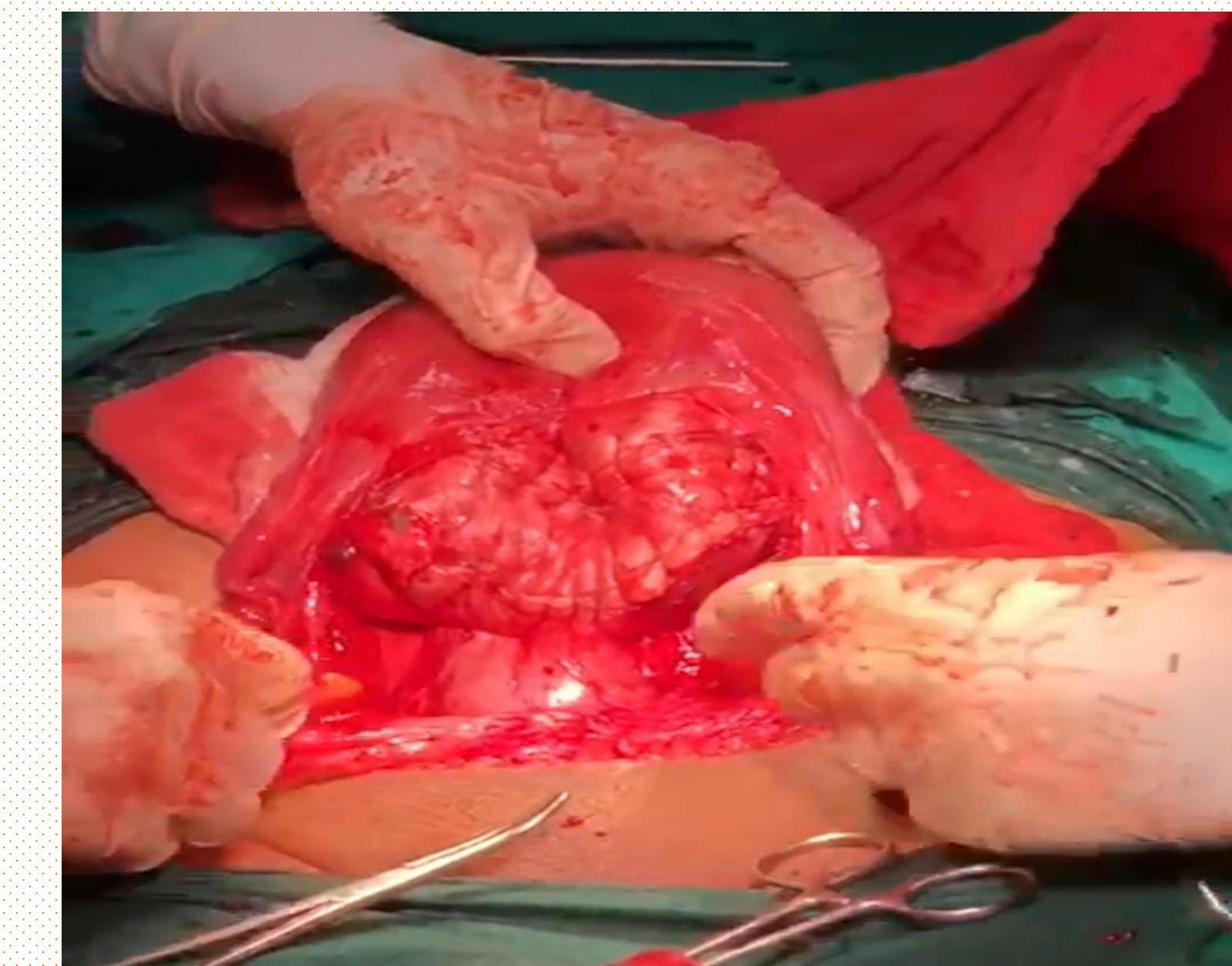


Figure 2. Myometrium resection followed by transverse B-Lynch suture