

Patient-Centered Outcomes Associated with Delayed Hysterectomy in Severe Placenta Accreta Spectrum

Laura Sorabella MD, Anthony Sermarini, Lisa Zuckerwise MD, Jeanette Bauchat MD MS, Holly Ende MD

Vanderbilt University Medical Center, Nashville, TN

Background

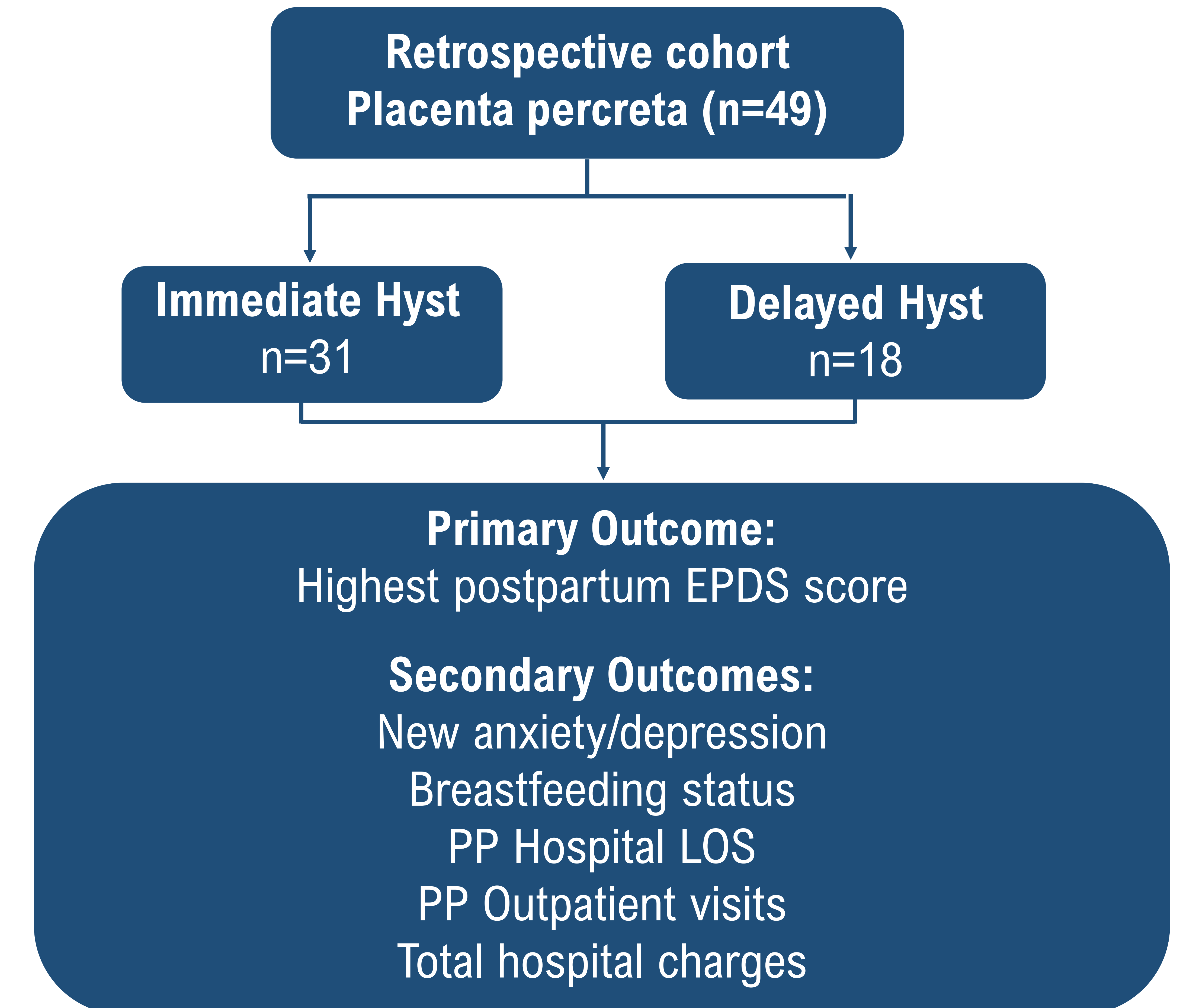
- Placenta percreta rates are rising dramatically
- Delayed hysterectomy (DH) offers potential benefits over immediate hysterectomy (IH): associated with ↓ blood loss, units transfused, need for massive transfusion, and surgical time¹

Primary Aim

- To compare psychological, personal, and financial outcomes for DH vs. IH for placenta percreta

Hypothesis

- DH will be associated with higher rates of anxiety and depression, longer postpartum hospital length of stay, and greater financial burden to patients



Results	Immediate Hysterectomy N = 31	Delayed Hysterectomy N = 18	P-value
Highest Edinburgh Postnatal Depression Scale score during hospitalization	3 [0,6]	6 [3,13]	.04
New anxiety or depression during hospitalization	6 (19%)	7 (39%)	.18
Hospital days after delivery	5 ± 2	25 ± 19	<.001
Postpartum outpatient visits	2 [1,3]	4 [2,5]	.06
Successful breastfeeding	16 (52%)	8 (44%)	.77
Patient charges (\$)	169,999 ± 87,676	279,837 ± 139,792	.002

Data are presented as N (%), median [interquartile range], or mean ± standard deviation. P-values calculated using Fisher’s exact, t-test, or Mann Whitney U test, as appropriate.

Conclusions

- DH may offer hemorrhage-related benefits with psychosocial risk
- Higher EPDS scores may indicate unrecognized psychological burden associated with in-situ placenta
- DH patients spent 2 more weeks in hospital and incurred over \$100K in additional charges
- Small sample size

Future Directions

- General anesthesia versus neuraxial anesthesia for delivery
- Chronic pain development → OUD incidence
- Use of uterine artery embolization
- Access complications
- Use of tranexamic acid
- Oxytocin use and dosing within delayed protocols

Institutional Considerations

- Maternal & NICU bed space
- Nurse staffing
- Anesthesia staffing (especially OB specialists)
- Insurance status

