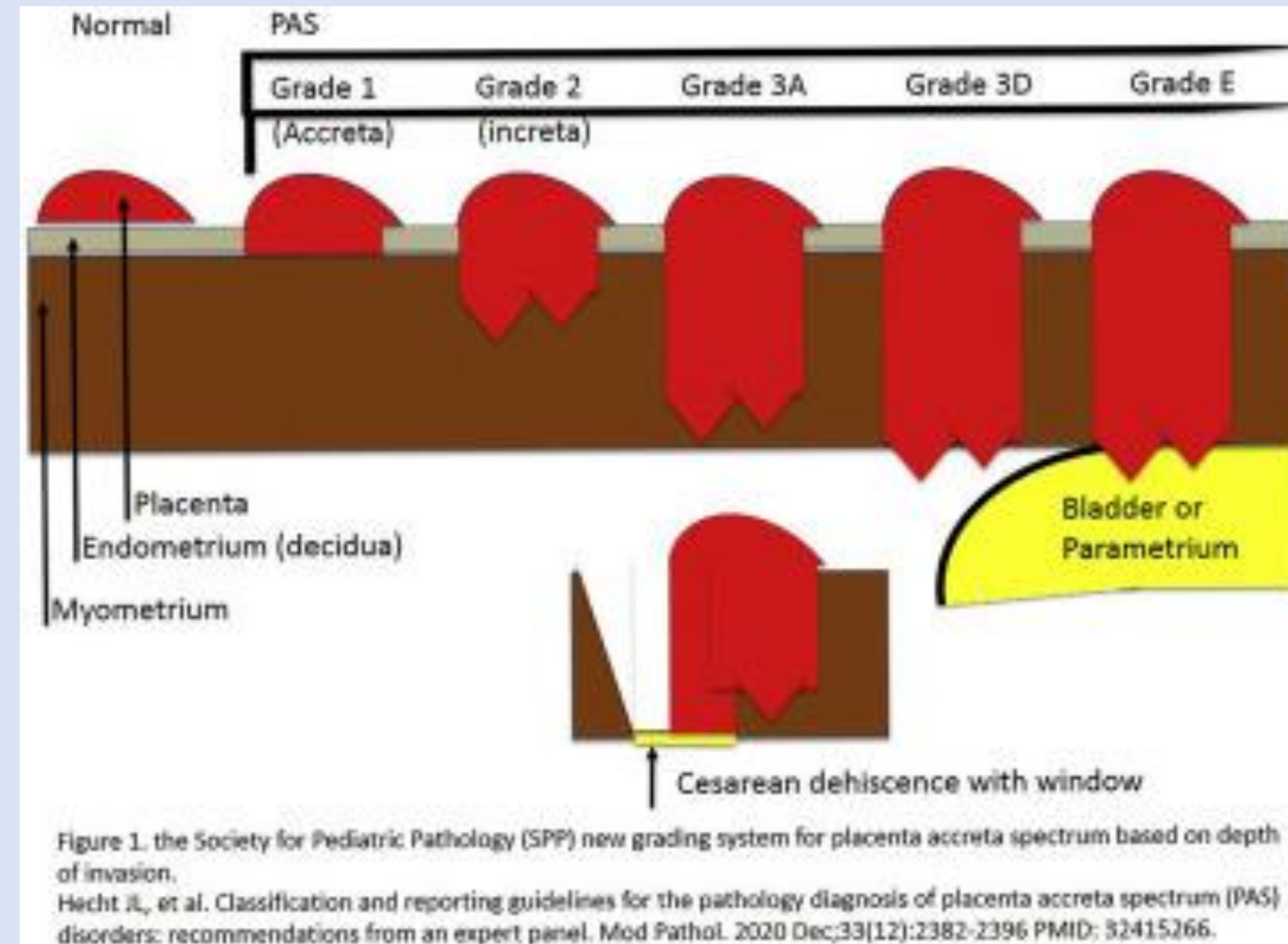


Variability in Preparation for Placenta Accreta Spectrum Surgery

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Placenta Accreta Spectrum Disorder

- Incidence has increased
 - Primarily due to high cesarean delivery rate
- Varies from superficial (23%) to transmural and invasive (8%)
- Association between Grade and
 - Blood loss & Transfusion
 - Postoperative complications (readmission, bladder injury)
- Unpredictable amount of bleeding, frequent massive transfusion requirements



Teamwork and Organization

- High-functioning teams have better outcomes with fewer errors
- Preparation, coordination and communication are cornerstones of teamwork
- Uniformity in preparation allows all team members to share expectations
- Standardized care may reduce maternal risk

Goal: To investigate the degree of standardization in the anesthetic preparation for the care of patients with PAS

Results

23 of 56 (41%) completed the survey

Methods

A survey was distributed:

- SOAP Fellowship directors,
- Members of the Anesthesia group of the Pan American Society for Placenta Accreta Spectrum.

Survey consisted of 34 questions:

- Preoperative preparation,
- Interdisciplinary communication
- Operating room equipment
- Venous access
- Invasive monitoring

OR Location	n	%		Expected Blood loss	n	%
IR suite	1	4%		Less than 2 L	8	34.8%
Hybrid OR	3	13%		Between 2 and 5 L	13	56.5%
OR, Non L&D	11	48%		Between 5 and 10 L	1	4.3%
OR, L&D	8	35%		Greater than 10 L	1	4.3%
Preoperative evaluation				Venous access		
Moderate inconsistency	1	4.4%		Moderate inconsistency	2	4.6%
Moderate uniformity	10	43.5%		Moderate uniformity	11	50.0%
Very uniform	12	52.2%		Very uniform	10	45.5%
OR preparation				Intraoperative monitoring		
Moderate inconsistency	2	8.7%		Moderate inconsistency	1	4.4%
Moderate uniformity	6	26.1%		Neutral	1	4.4%
Very uniform	15	65.2%		Moderate uniformity	7	30.4%
				Very uniform	14	60.9%
Choice of anesthesia						
Moderate inconsistency	1	4.4%		Blood bank preparation		
Neutral	1	4.4%		Neutral	1	4.4%
Moderate uniformity	11	47.8%		Moderate uniformity	5	21.7%
Very uniform	10	43.5%		Very uniform	17	73.9%

Key Findings:

- 52% (n=12) of anesthesia teams use a checklist
- 39% (n=9) of other services (OB, nursing, IR) use checklist
- 46% (n=10) described venous access and anesthetic choice as “Very Uniform”
- Variability between centers in venous access & monitoring

Conclusions

- Most of those we surveyed believed at least moderate uniformity existed at their center in preparation for surgery for PAS.
- Few relied on checklists.
- Significant variability among centers, which may be due to local factors.
- Further sharing of information may improve standardization.



Thank you to SOAP and PAS² members for completing their surveys