Anesthesia for Cesarean Hysterectomy complicated by Placenta Increta after Radical Trachelectomy

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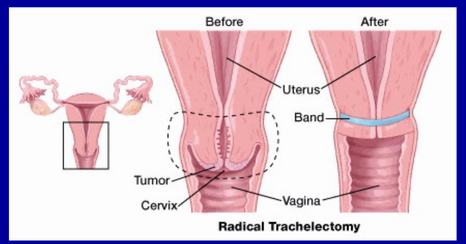
Background:

While radical trachelectomies are performed less commonly than hysterectomies, they are a way to preserve fertility in early-stage cervical cancer patients. This procedure is being performed more often both worldwide and around the nation and as anesthesia providers we should be aware of how to manage patients who present a viable high-risk pregnancy after radical trachelectomy.

Patient:

43F from Ukraine PMH Cervical Cancer Stage 1B1 s/p Radical Trachelectomy in 2015. Laparoscopic Cerclage placed in January of 2020. Successful IVF pregnancy achieved. Presented to Maimonides Labor and Delivery unit at 24 Weeks and 6 days with Vaginal Bleeding. Patient admitted for observation. Plan for delivery at 32 weeks or emergency delivery if bleeding restarted.



Preoperative

- Multiple Multi-Disciplinary Meetings with Obstetrics team, Interventional Radiology, Gyn-Oncology, and Urology. Patient matched Massive Transfusion Protocol Box was prepared in blood bank the day of surgery, 2 units of PRBC and 2 units of FFP on the floor readily available. Cell Saver set up in room.
- Patient had Epidural placed 8:30AM on Day of Surgery in her room at L1-L2. 16G IV placed.
- Patient was taken to IR Suite and Epidural loaded with 3ml of 2% Lidocaine and Epinephrine. Patient had Bilateral Occlusion balloons placed in Internal Iliac Arteries.
- Patient then taken to OR, 2nd 16G IV placed and Arterial Line placed.

Intraoperative Course:

- Patient loaded with 10 mL of 2% Lidocaine with Epi. Urology team placed Ureteral Stents.
- Skin Incision at 12: 26, Uterine Incision at 12:40. Female baby delivered at 12:40 with Apgar 9/9.
- Internal Iliac Artery Balloons inflated for 30 minutes by Gyn-Onc team.
- EBL: 1000 mL, Patient received 1 unit PRBC, 1 unit FFP, 200 ml Cell Saver, 2L Cyrstalloid
- Balloons and Stents taken out after procedure end time. Total Procedure time: 147 minutes.
- Epidural left in place for pain management.

Conclusion:

- This showcases the importance of maximizing resources and teams in facility to optimize patient outcomes.
- Use of inflatable occlusion balloon in Internal Iliac Artery during hysterectomy helps to minimize the EBL from patient. Patient MAP remained in the 70's throughout case.
- Patient was spontaneously breathing throughout entire case, Ketamine and Midazolam IV bolus used for anxiolysis and sedation. We used Epidural Anesthesia for all portions of procedure.
- Epidural was left in place for pain management but removed due to patient desire to walk on POD1.
- Even with occlusion balloons deployed, and experienced surgeon, EBL was 1000 mL. This procedure requires large bore access and arterial line to monitor MAP and intraoperative lab draws.

References

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2.Smith ES, Moon AS, O'Hanlon R, Leitao MM Jr, Sonoda Y, Abu-Rustum NR, Mueller JJ. Radical Trachelectomy for the Treatment of Early-Stage Cervical Cancer: A Systematic Review. Obstet Gynecol. 2020 Sep;136(3):533-542. doi: 10.1097/AOG.0000000000003952. PMID: 32769648; PMCID: PMC7528402.