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Placenta Accreta Spectrum with conservative management: Leaving Placenta In Situ (LPIS)

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Placenta Accreta Spectrum (PAS)

- Placenta Accreta Spectrum (PAS), refers to the range of pathologic adherence of the placenta
- The generally accepted approach to PAS is cesarean hysterectomy (C-Hyst) after delivery of the fetus
- Maternal morbidity and mortality can occur because of severe hemorrhage
- Leaving Placenta In Situ (LPIS) involves a lower rate of maternal morbidity and can help women desiring future fertility, avoid hysterectomy

Cases Presentation

- **LPIS** consists of delivery of the baby, followed by closure of the uterine cavity with Leaving Placenta In Situ, and waiting for its complete spontaneous resorption

- **Series of 15 patients with PAS managed by LPIS at our institution:**
- Gestational Age at delivery ranged from 32 to 36 weeks
- 5 out of 15 patients underwent Uterine Artery Embolization (UAE) after delivery of the fetus
- Average blood loss was 650 mL (range: 200–1,000 mL)
- Median time to resolution of PAS was 18 weeks (average hospital stay – 1 week)
- Uterus was successfully preserved in 10 (65%), hysterectomy was performed in 5 (35%) patients (update from preserved in 55% v/s hysterectomy in 45%)

References:
Pineles et al. Leaving the Placenta In Situ in Placenta Accreta Spectrum Disorders: A Single-Center Case Series. *American Journal of Perinatology*.2022.

Anesthesia Management

- Neuraxial anesthesia (CSE) with spinal dose of bupivacaine (10-12 mg) + opioids (fentanyl 15 Mic + morphine 0.15mg)
- No attempt at placenta removal
- After delivery of the fetus → bleeding assessed →either start closing OR perform UAE &/or hysterectomy
- Significant bleeding → conversion to General Anesthesia : RSI with propofol, fentanyl and neuromuscular blocker
- 4 PRBC: 4 FFP: 1platelet on hold
- Patients received **post-operative pain management (epidural left in place v/s QL)** →followed-up for 48 hours

CONCLUSION

- Hospitalized patients with PAS conservative management → **higher pain scores** than regular C-Hyst patients
- With the conservative approach, anesthetic goals shifted to focus significantly on **optimal post-op pain management**

- To that purpose, some patients had the epidural left in place for 48h, and others received QL blocks
  (Epidural left in situ v/s QL blocks/catheters to be compared for optimal post-op pain control→ RCT protocol in place)

➢ LPIS may be an appropriate management strategy for carefully selected and counseled patients with PAS:
➢ With proper counseling, careful anesthetic & post-op pain management → LPIS may be the future for preserving fertility