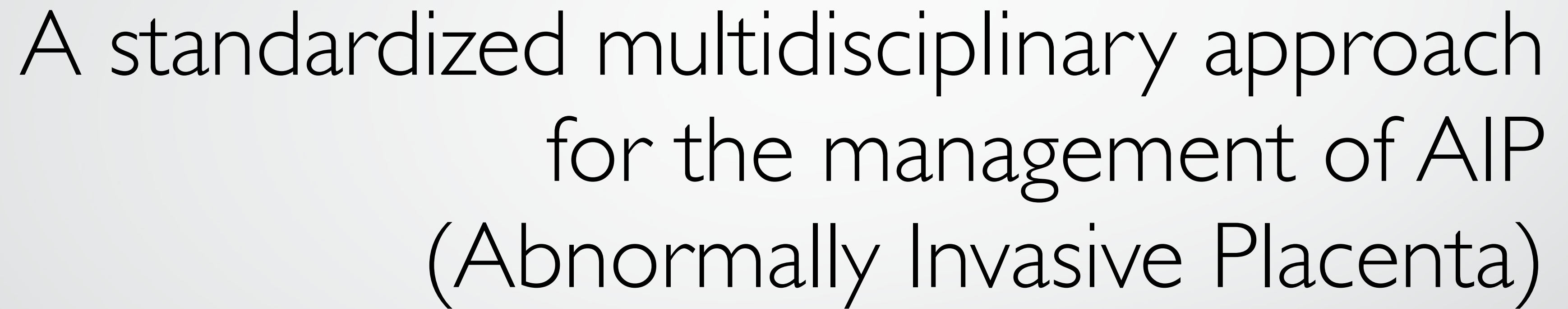

A standardized multidisciplinary approach for the management of AIP (Abnormally Invasive Placenta)

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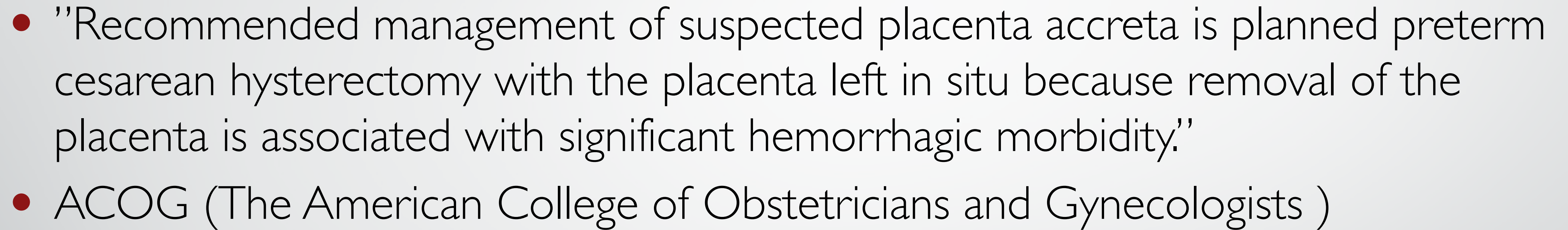
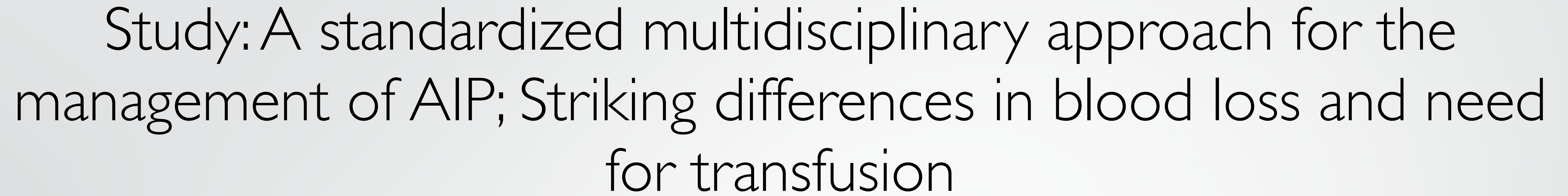


- ”Recommended management of suspected placenta accreta is planned preterm cesarean hysterectomy with the placenta left in situ because removal of the placenta is associated with significant hemorrhagic morbidity.”
- ACOG (The American College of Obstetricians and Gynecologists)



- Aim: the outcome of a standardized approach, special reference to blood loss and to the need for transfusion
- Methods: Retrospective data collection. Comparison: study group/ control group

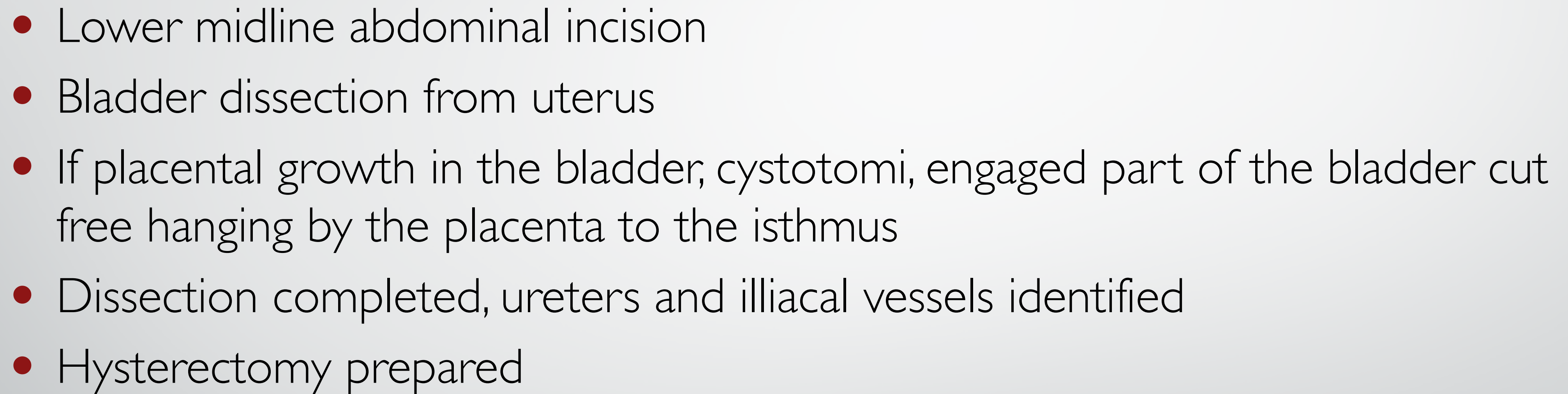
Table 1. Patient characteristics.

	Study group (n = 10)	Control group (n = 9)	p-value
Age (years)	37.0 (±3.0)	36.3 (±3.4)	ns
Body mass index (kg/m2)	29.7 (±3.1)	26.6 (±4.0)	ns
Gravidity (n)	5.4 (±2.4)	3.6 (±1.2)	ns
Parity (n)	2.6 (±1.5)	1.7 (±1.1)	ns
Gestational week (n)	34.0 (±4.7)	36.2 (±2.3)	ns
Previous CS (n)	1.4 (±1.1)	1.4 (±1.1)	ns

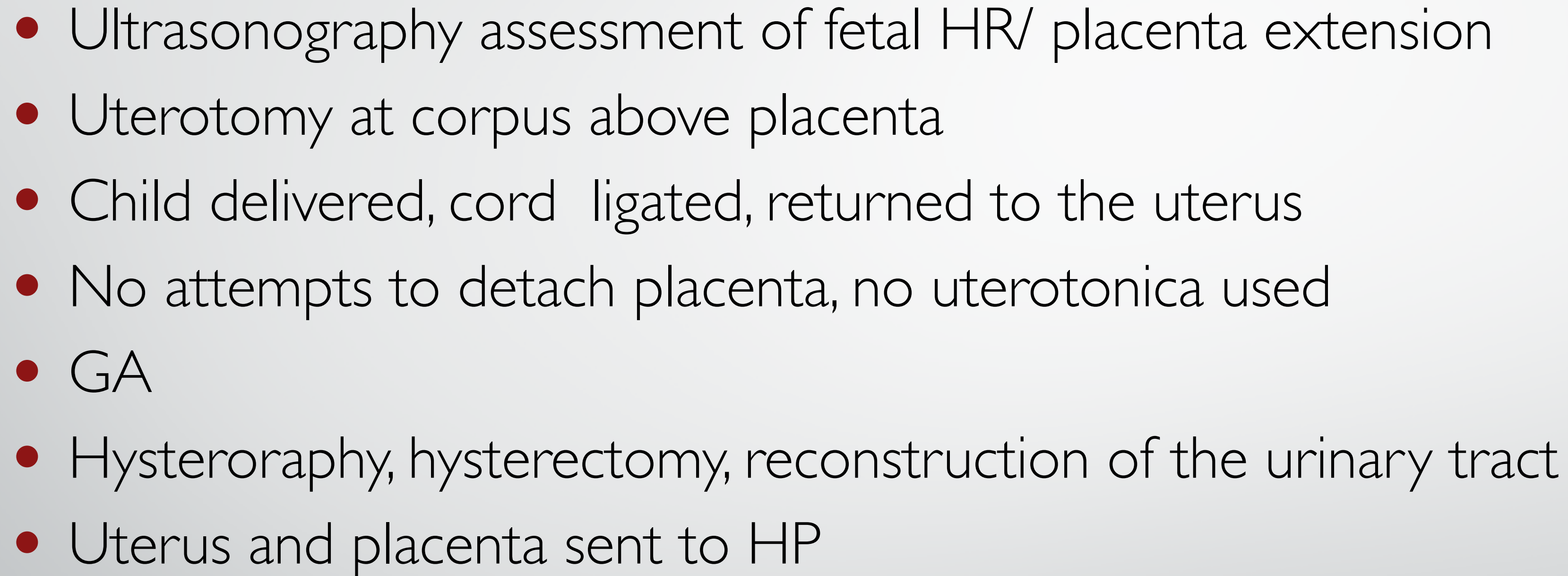
Data are shown as mean (SD) or number (n).

Surgical technique, foetal monitoring and anaesthetic procedures

- Multidisciplinary team assembled (obstetrician, gynecologist, urolog, anaesthetist)
- Early anaesthetic assesment and plan
- Preoperative gathering and reviewing the procedure, risks …
- Preparation for massive obstetric haemorrhage (cross - matched blood immediatelly available,, large bore iv acces, art. line…)
- CSE



- Lower midline abdominal incision
- Bladder dissection from uterus
- If placental growth in the bladder, cystotomi, engaged part of the bladder cut free hanging by the placenta to the isthmus
- Dissection completed, ureters and illiacal vessels identified
- Hysterectomy prepared



- Ultrasonography assessment of fetal HR/ placenta extension
- Uterotomy at corpus above placenta
- Child delivered, cord ligated, returned to the uterus
- No attempts to detach placenta, no uterotonica used
- GA
- Hysteroraphy, hysterectomy, reconstruction of the urinary tract
- Uterus and placenta sent to HP

Results

Table 2. Diagnosis of Abnormally Invasive Placenta – How and when

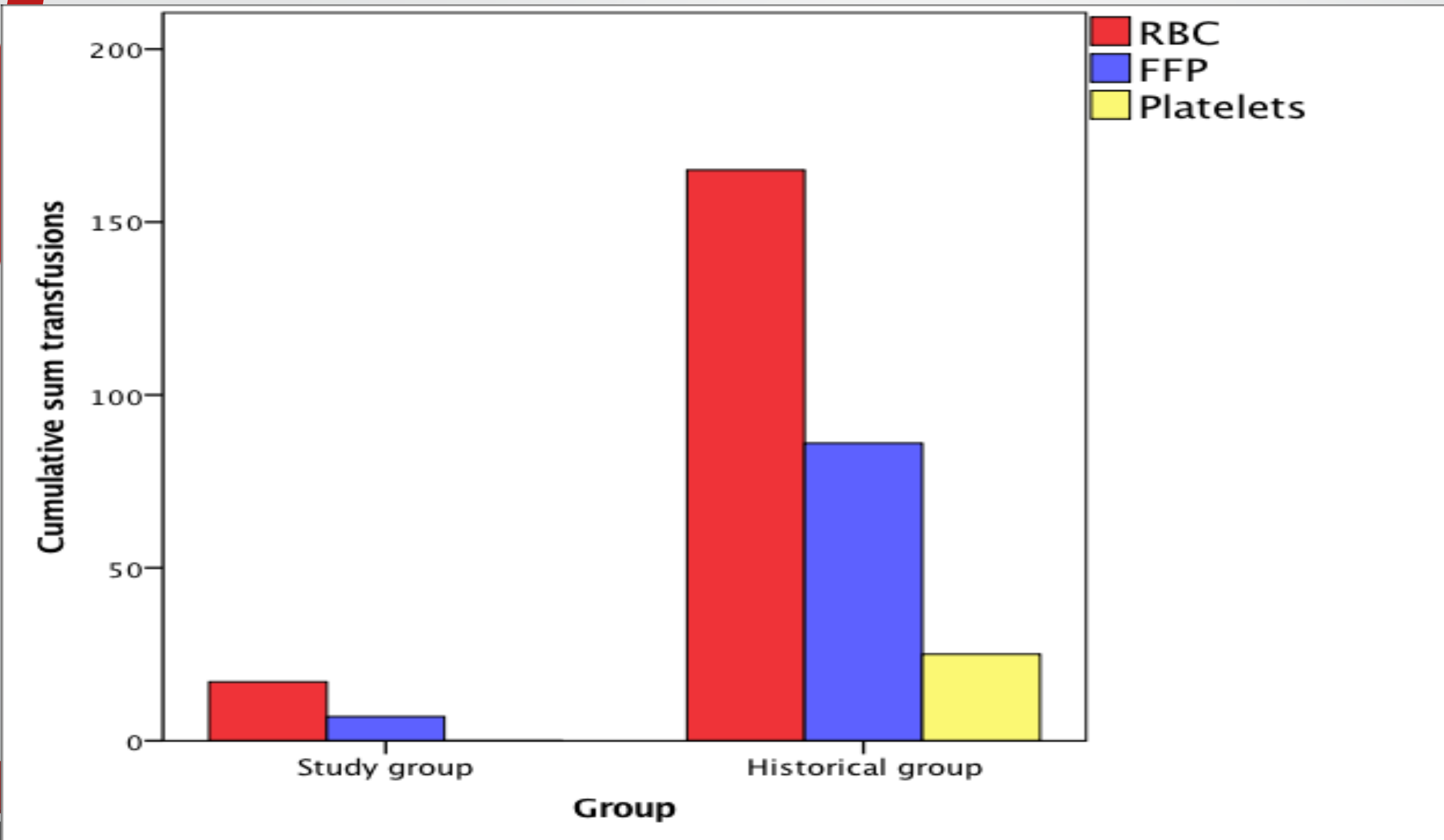
Diagnosis	Study group (n = 10)	Control group (n = 9)
Antenatally (n)	10	1
Intraoparatively (n)	0	9
Ultrasound (n)	8	1
Ultrasound/MR (n)	2	0

Data are shown in numbers (n) of patients

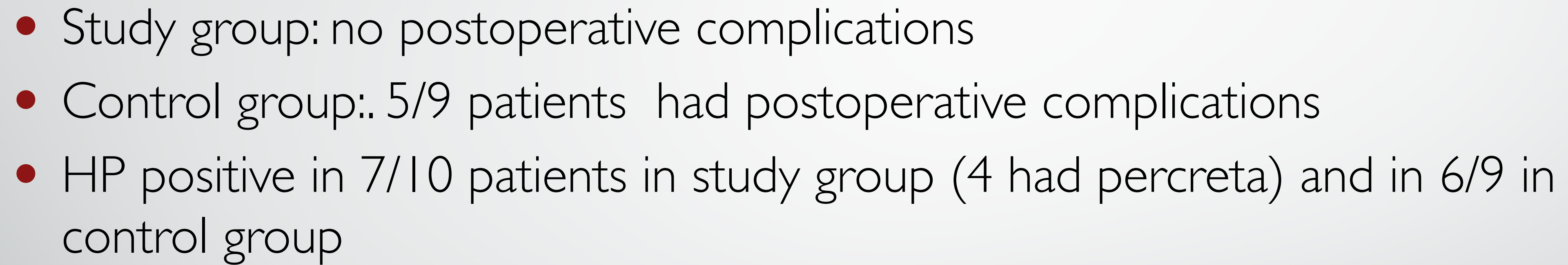
Table 3. Operation and bleeding characteristics

	Study group (n = 10)	Control group (n = 9)	p-value
Time to delivery (minutes)	44 (6 – 119)	5 (1 – 42)	0,034
Surgery time (minutes)	161 (114 – 408)	131 (25 – 543)	ns
Estimated blood loss (mL)	1400 (400 – 3000)	8000 (2300 – 40000)	0,001
Packed red blood cells (units)	1 (0 – 6)	16 (0 – 98)	0,004
Fresh frozen plasma (units)	0 (0 – 4)	10 (0 – 53)	0,010
Platelets (units)	0 (0 – 0)	2,5 (0 – 16)	0,031
Hospital stay mother (days)	7 (3 – 15)	10 (4 – 43)	ns

Data are shown as median (range) and number (n)



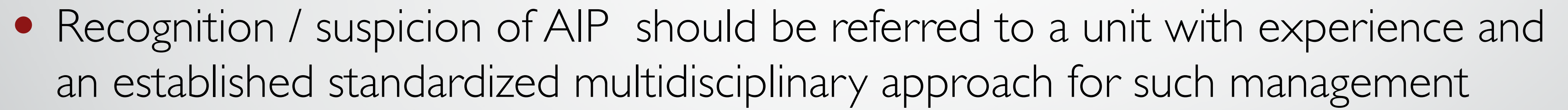
RBC
FFP
Platelets
Cumulative sum transfusions
200
150
100
50
0
Study group
Historical group
Group



Study group: no postoperative complications
Control group:. 5/9 patients had postoperative complications
HP positive in 7/10 patients in study group (4 had percreta) and in 6/9 in control group

Conclusion

- Standardized multidisciplinary approach in the management of AIP renders: striking reduction in blood loss, transfusion need, postoperative complications


Recognition / suspicion of AIP should be referred to a unit with experience and an established standardized multidisciplinary approach for such management

TACK!