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The Unanticipated PAS Case

Hennie Lombaard
Professor Obstetrics and Gynecology
Co Director Placenta Accreta Care Team
Maternal and fetal Medicine

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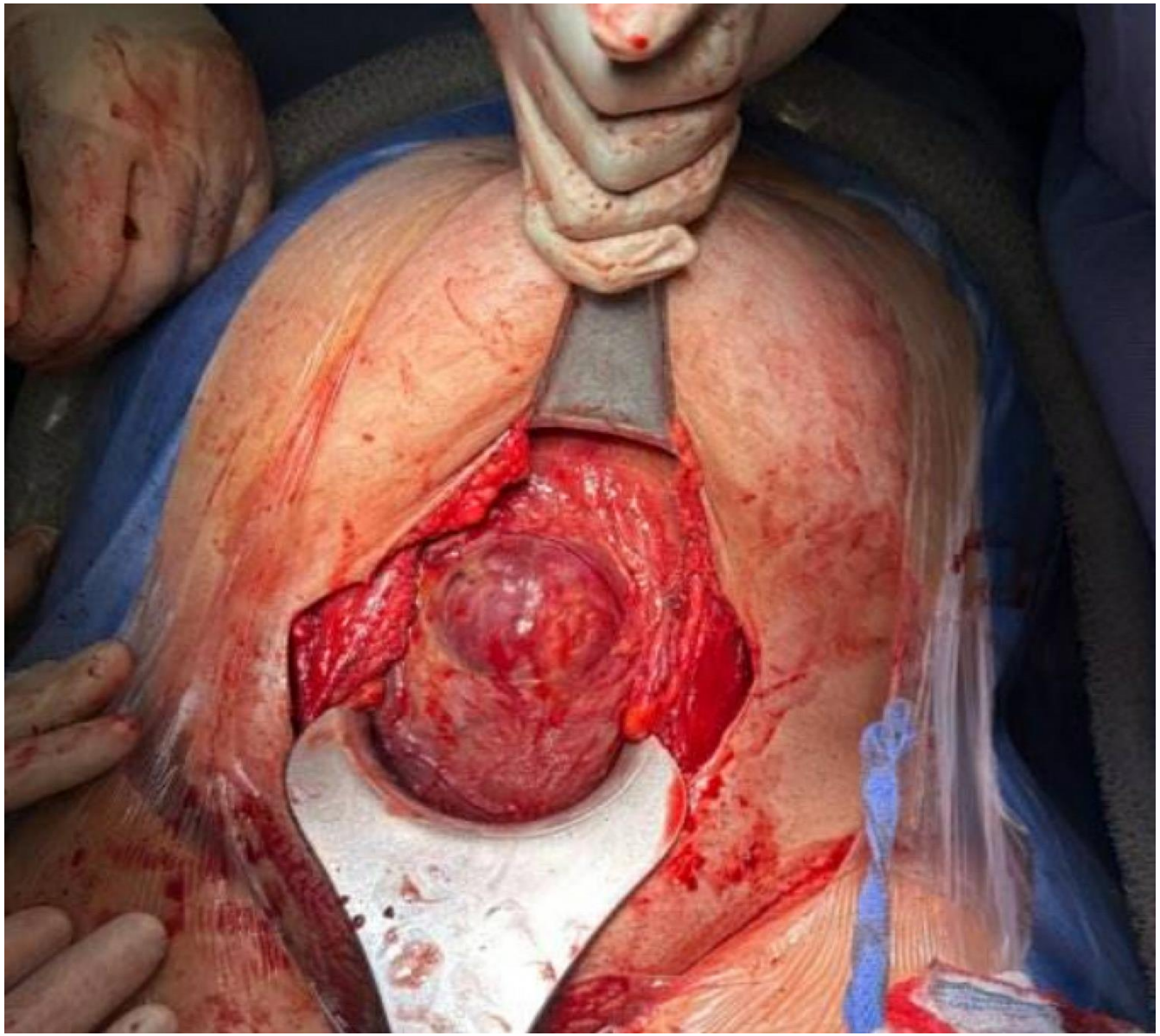
No Disclosures

Introduction

- The screening of Placenta Accreta is based on risk factors and ultrasound markers.
- Prenatal detection 33-50%
- It can be diagnosed after vaginal delivery or at the time of cesarean section



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Case

- 39 yo G4P2012 with h/o prior CSx2
- Chronic Hypertension presenting at 33w3d with elevated blood pressure
- Developed Superimposed Preeclampsia with severe features
- Accepted delivery via repeat cesarean section at 34w3d

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What should you do next?

- Options:
- A. Close up and transfer our
- B. Continue to deliver

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The questions you should ask yourself to determine the plan:

- Is the patient pre operative? Yes / No
- Is the patient stable? Yes / No

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Preoperative stable patient

- Contact your nearest PAS center and arrange for transport

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Pre operative unstable patient

Mobilize Primary Resources:

- Obstetrician or MFM
- Pelvic surgeon
- Urologist
- Anesthesia
- Neonatology
- OR Personnel

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Pre operative unstable patient

Mobilize Secondary Resources:

- Transfusion Medicine
- IR
- Family support

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Pre operative unstable patient

Patient preparation:

- At least 2 large bore IV lines 18s
- CBC, CMP, DIC Panel
- Blood products

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Preoperative unstable patient

Equipment needs:

- Airways
- Arterial and venous lines
- Hysterectomy set and importantly appropriate retractors
- Ligasure device
- Cysto and stents
- Rapid infuser and blood warmer

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Preoperative unstable patient

- Inform your nearest PAS center
- Once all of the above is in place proceed with delivery
- Recommend a midline skin incision
- Ultrasound
- Mobilize the bladder down if safe and no abnormal adhesions
- Avoid cutting trough the placenta

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https://bcmedu-my.sharepoint.com/personal/u238111_bcm_edu/_layouts/15/stream.aspx?id=%2Fpersonal%2Fu238111%5Fbcm%5Fedu%2FDocuments%2FDesktop%2F107186D1%2D28E1%2D4349%2D9DC9%2D68CE8652C67D%2EMP4&referrer=StreamWebApp%2EWeb&referrerScenario=AddressBarCopied%2Eview%2E03de050e%2D68ce%2D4ecb%2Db388%2Df439e4c97853

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Post delivery of baby

- Do not manipulate the placenta
- Establish if the patient is bleeding or not
- If no bleeding – Close the uterus and transfer
- Double loop PDS for closure of the uterus
- Mass closure of the abdomen

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Post delivery of baby

- If the patient is unstable or significant bleeding
- Mobilize the additional team
- Consider hysterectomy
- Control bleeding
- CCU admission
- Refer PAS Center

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Intra operative finding suspicious of PAS

Important question is the mother and or the baby stable?

- Yes
  - If stable best to close and transfer

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Intra operative finding suspicious of PAS

Notify your PAS referral center

Important question is the mother and or the baby stable?

- No
  - Proceed with delivery of the baby – avoid placenta
  - If mom not bleeding after the delivery close the uterus and transfer
  - Mobilize the additional teams immediately
  - Consider activating a MTP

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Intra operative finding suspicious of PAS

After the delivery if mom is unstable

- Proceed with hysterectomy or surgery to stop the bleeding.
- If possible best to leave placenta in while performing the hysterectomy.
- If focal area that is attached you can excise the area
- CCU Admission
- Consult PAS center post delivery

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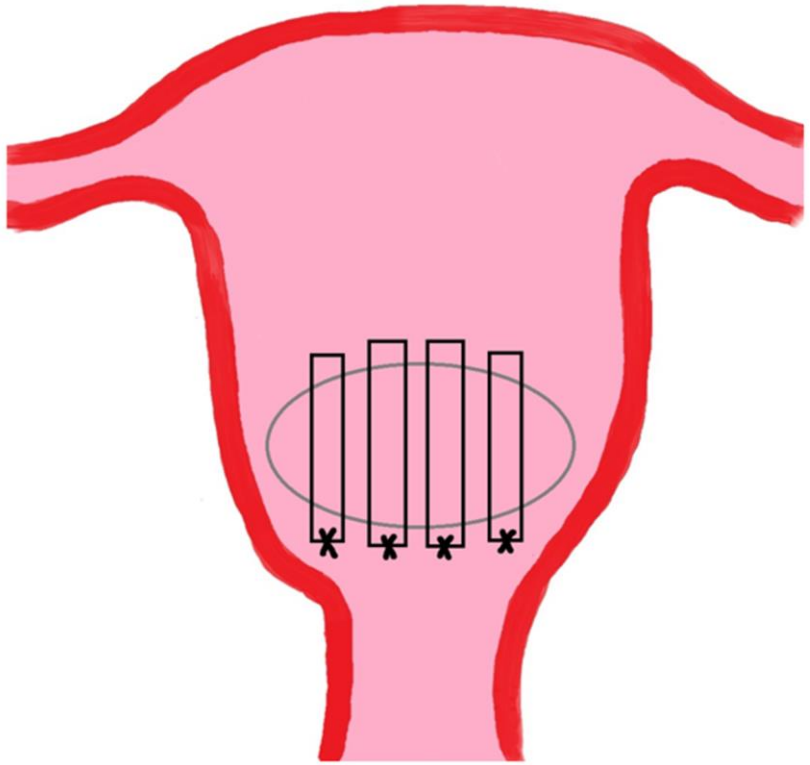
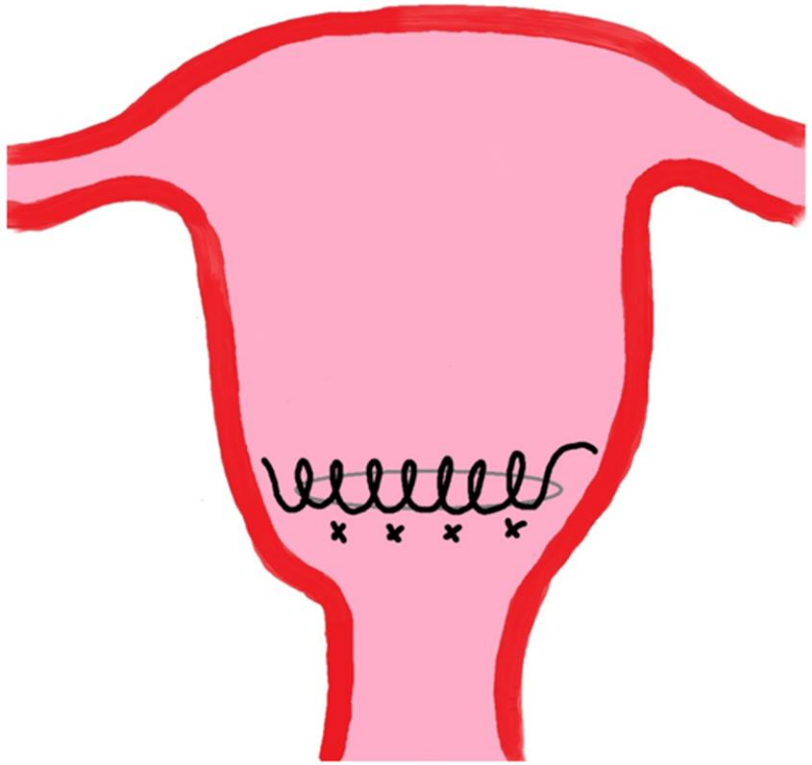
Repairing a focal resection



Step 1: mattress sutures from the inferior edge to the superior edge



Step 2: hysterotomy closure in a standard fashion in two layers

Checklist: Management of Unexpected or Undiagnosed Placenta Accreta Spectrum

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<u>Component 1</u>: Management to Prevent & Reduce Morbidity

CRITICAL QUESTIONS

1. Does this hospital have the resources to manage PAS? (Section 3) and if not;
2. Can transport to a PAS referral center be safely arranged?

Society for Maternal-Fetal Medicine (SMFM); Einerson BD, Healy AJ, Lee A, Warrick C, Combs CA, Hameed AB; SMFM Patient Safety and Quality Committee. Electronic address: smfm@smfm.org. Society for Maternal-Fetal Medicine Special Statement: Emergency checklist, planning worksheet, and system preparedness bundle for placenta accreta spectrum. Am J Obstet Gynecol. 2024 Jan;230(1):B2-B11. doi: 10.1016/j.ajog.2023.09.001. Epub 2023 Sep 9. PMID: 37678646.

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Unanticipated case: Vaginal delivery

- Diagnosed by abnormally attached placenta
- Avoid forceful removal
- Activate additional team members
- If bleeding activate a MTP
- Consider if patient is stable to be transferred to a PAS center.
- Use the same check list as above

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References

1. Society for Maternal-Fetal Medicine (, Einerson BD, Healy AJ, et al. Society for maternal-fetal medicine special statement: Emergency checklist, planning worksheet, and system preparedness bundle for placenta accreta spectrum. *Am J Obstet Gynecol*. 2024;230(1):B2-B11. doi: 10.1016/j.ajog.2023.09.001.

2. Herrera CL. Prepare for the unanticipated: Placenta accreta spectrum. . 2024;69(1):8+. https://link.gale.com/apps/doc/A782322358/AONE?u=txshracd2509&sid=bookmark-AONE&xid=cadc5acc.

3. Carusi D, Einerson B. Steps to minimize morbidity from unanticipated placenta accreta spectrum: Appropriate planning for placenta accreta spectrum can optimize management, facility transfer when needed, and patient outcomes. . 2022;34(6):30+. http://dx.doi.org/10.12788/obgm.0199.