

Postoperative Care for PAS
Patients: Nursing Perspective

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NO Disclosures

Risks & Considerations

- Hemorrhage
- Sepsis
- Chronic Health Complications superimposed on PAS post-op patient
 - E.g. obesity, sickle cell, diabetes, cardiac arrhythmias, hypertension, heart failure, asthma
- Organ/Tissue damage s/p c/s or c/hyst
- Allergies

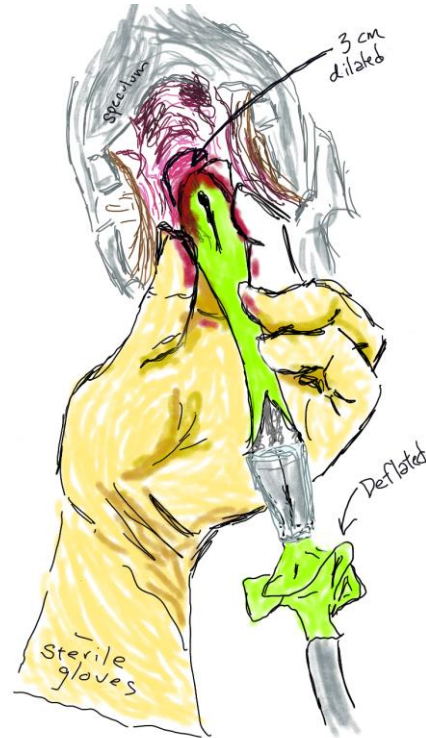
Hemorrhage Control to Save Uterus

Jada

- Safety in use of PAS patient not verified
- 2-3 hrs, no longer than 24 hrs
- 500cc max balloon inflation
- Cervix >3cm post c/s
- >34 weeks delivery

Supplies for Jada, a vacuum-induced form of hemorrhage control:

1. Jada kit, 2. sterile fluid (NS/water), 3. vacuum canister, 4. working regulated vacuum source, 5. tape or securement device, 6. ultrasound



Bakri Balloon

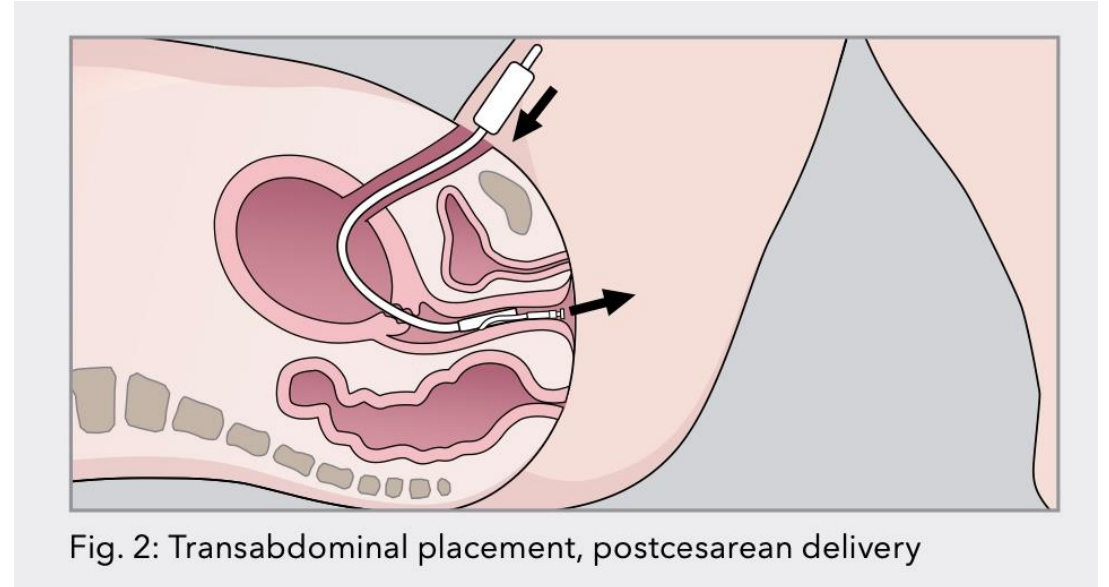


Fig. 2: Transabdominal placement, postcesarean delivery

Source: https://cdnamsseuspwsprod.azureedge.net/data/resources/RH-D54670-EN-F_M3_1585061971661.pdf

Supplies and [the importance of knowing where to find them](#):

1. Bakri balloon, 2. drainage bag (usually foley), 3. Bowl, 4. Large luer-locking syringe(s), 5. Sterile liquid (water or NS), 6. Vaginal packing, 7. ultrasound machine

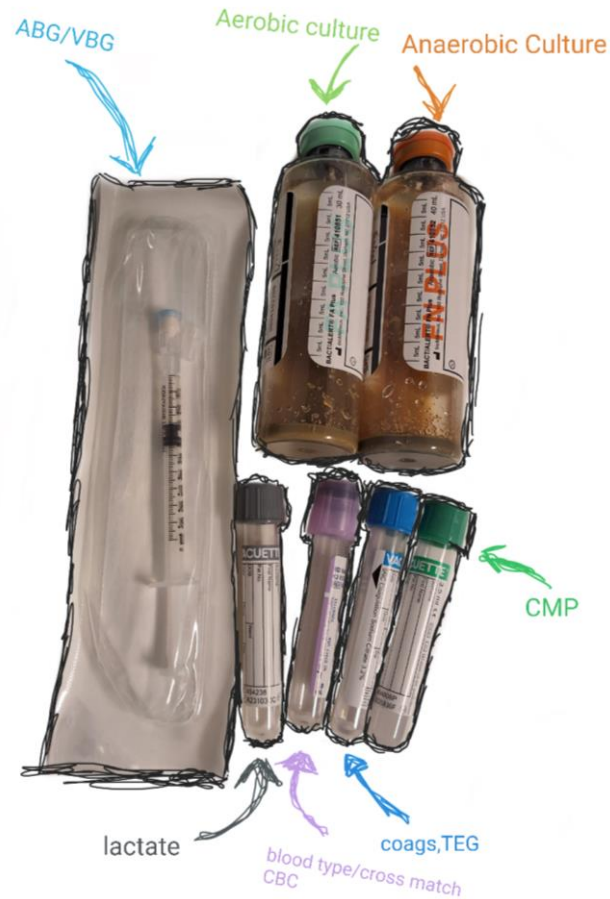
Labs, Vital Signs, & Imaging

- Labs

- Blood Type and cross match
- CBC
- Coags
- Thromboelastography (TEG)
- ABG/VBG
- CMP
- Lactate
- Cultures

- Imaging

- Ultrasound
- CT
- MRI



- Hemodynamics

- BP
- HR
- Capillary Refill
- Fluid Balance
 - Edema
 - Intake and Output
 - Thermoregulation
 - Bowel Activity
- Transfusion management
 - v/s more often
 - Assess for complications
 - PPH Cart & Supplies

Hysterectomy

- How many G's and P's
- Fetal Viability
- Infant to NICU
- Mental Health impact
- Complications from surgery
 - Ileus
 - Bladder involvement
 - Secondary injury related to surgery



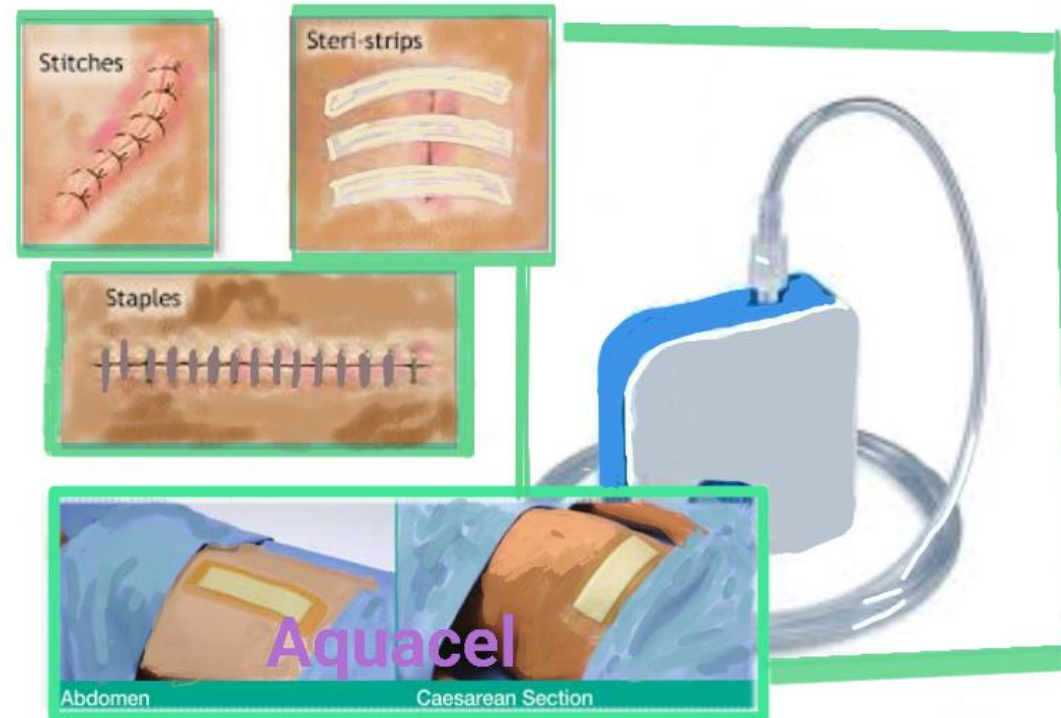
Mental Health Matters

- Short and long-term negative psychological manifestations
- Emotional distress
- Birth trauma
- Medical helplessness
- Provider Communication
- Social Work Consult
- Women's Place Consult
- Father of Baby resources



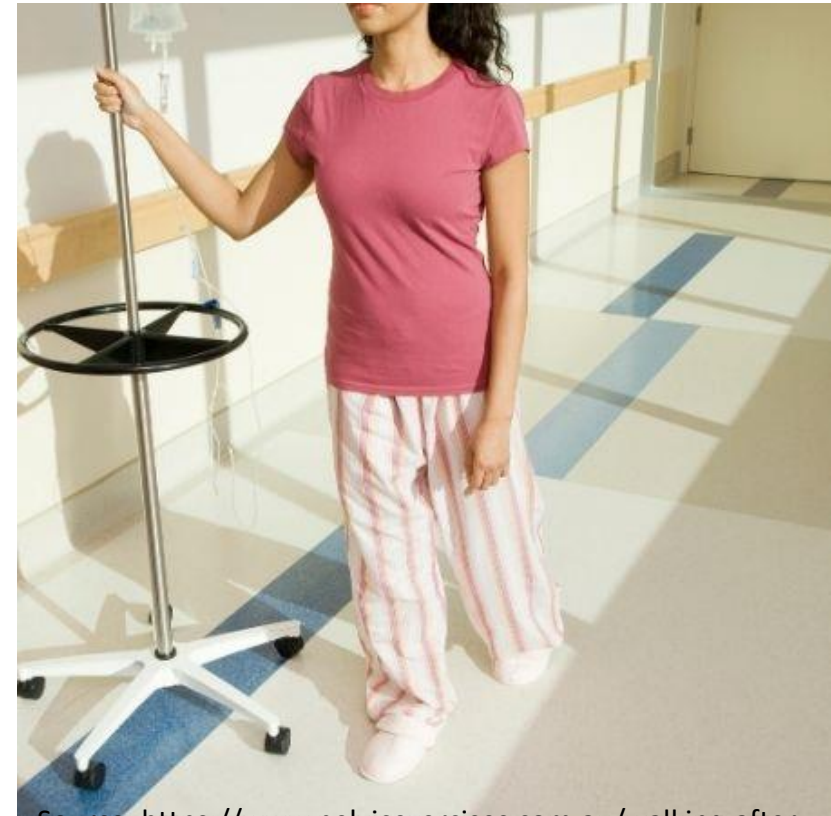
Surgical Site Management

- Pressure dressings
- Steri strip
- Aquacel
- Wound vac
- JP drains
- Gravity drains
- CHG bath



Mobility

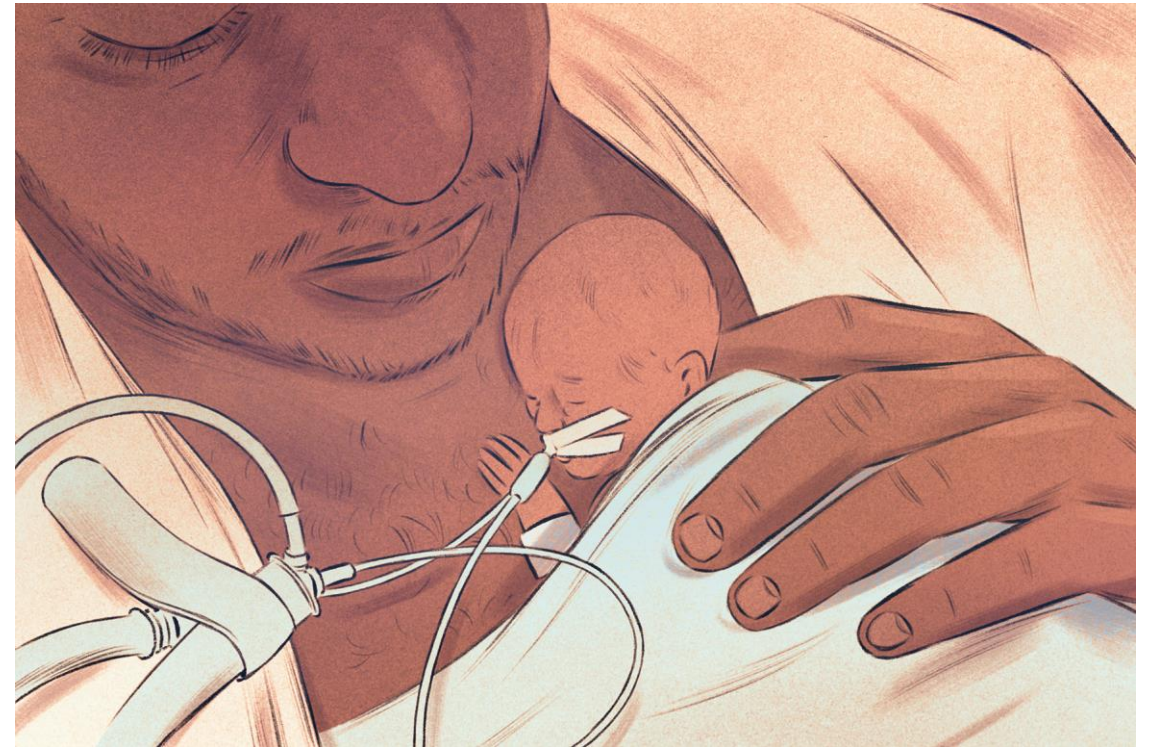
- Enhanced Recovery After Surgery (ERAS) pathway
 - Minimize disruption of normal physiology perioperatively
 - More liberal oral intake
 - Early ambulation
 - Minimizing narcotic medications



Source: <https://www.pelvicexercises.com.au/walking-after-a-hysterectomy/>

Family Involvement

- Father of baby in the picture
- Parents/siblings/family to support
- Parent bonding
- NICU challenges
- Child Life
- Religious or Cultural Practices



Source: <https://www.nytimes.com/article/premature-baby-nicu.html> accessed May 28, 2024.

Multidisciplinary Coordination and Care Continuity

- Anesthesia team
- Blood Bank
- MFM
- Pulmonary Critical Care
- Surgical Team(s); gyn-onc, general surgery, urology
- Other specialists: nephrology, neurology, cardiology, radiology, IR etc.
- Pharmacy
- Physical Therapy
- Occupational Therapy
- Social work
- The Women's Place
- Care Coordination
- House Supervisor, Nursing Management, Charge Nurses

FIGURE 3. Immediate Delivery Considerations in the Event of an Unanticipated Placenta Accreta Spectrum Case

TEAM NOTIFICATION

Primary response team with ability for emergent response

- | | | |
|--|---|---|
| <input type="checkbox"/> Obstetrician | <input type="checkbox"/> urology, general surgery | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Pelvic surgeon (eg, gynecologic oncology, | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Operating room personnel |

Secondary response team with ability for prompt response

- | | | |
|---|---|---|
| <input type="checkbox"/> Transfusion medicine | <input type="checkbox"/> Interventional radiology | <input type="checkbox"/> Family support |
|---|---|---|

PATIENT PREPARATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Adequate IV access (at least 2 large bore peripheral IVs) | <input type="checkbox"/> Blood product resuscitation as indicated | <input type="checkbox"/> Designation of medical proxy |
| <input type="checkbox"/> Baseline laboratory tests (type and screen, CBC, PT/INR, PTT, fibrinogen) | If nonemergent:
<input type="checkbox"/> Discussion of morbidity and mortality risks
<input type="checkbox"/> Consents | <input type="checkbox"/> Counseling for midline vertical incision
<input type="checkbox"/> Betamethasone
<input type="checkbox"/> Neonatology consultation |

EQUIPMENT MOBILIZATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Anesthesia: airway, arterial, and venous line kits | <input type="checkbox"/> LigaSure devices and sutures | <input type="checkbox"/> Allen stirrups for placement in dorsal lithotomy for vaginal access |
| <input type="checkbox"/> Cesarean set | <input type="checkbox"/> Cystoscopy tower, set, and ureteral stents | <input type="checkbox"/> Sequential compression device |
| <input type="checkbox"/> Hysterectomy set with retractors | <input type="checkbox"/> Vascular occlusion device | <input type="checkbox"/> Newborn warmer and resuscitation equipment |
| <input type="checkbox"/> Vascular set | <input type="checkbox"/> Blood warmer and rapid transfusion device | |

POSTOPERATIVE CONSIDERATIONS

- | | | |
|--|--|--|
| <input type="checkbox"/> Serial patient evaluation (vitals, exams, laboratory tests) | <input type="checkbox"/> Intensive-care unit admission | <input type="checkbox"/> Family update |
| | <input type="checkbox"/> Team debrief | <input type="checkbox"/> Mental health resources |

Further specification should be based on institutional resources

IV, intravenous; CBC, complete blood count; PT/INR, prothrombin time/ international normalized ratio; PTT, partial thromboplastin time.

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