

AB120. SOH23ABS_057. Operative management and morbidities of placenta accreta spectrum: a tertiary maternity unit's experience

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Background: Placenta accreta spectrum (PAS) refers to a range of invasive placental diseases and are associated with maternal morbidity. Here we describe the procedures performed and morbidities of patients with a histopathological diagnosis of PAS in our unit.

Methods: Patients with a histopathological diagnosis of PAS were identified using iLAB APEX Laboratory Information Management System in Cork University Maternity Hospital, Ireland. Search was limited to histopathology records between 1st January 2015 to 31st December 2020 inclusive. The exclusion criteria included patients with unattainable health records or where patients had antenatal care and delivery in other maternity units. Patient delivery information and outcomes were recorded.

Results: A total of 77 patients satisfied both inclusion and exclusion criteria. Approximately 64% of patients had caesarean deliveries. Manual removal of placenta was required in 25% of patients. Uterine balloon tamponade was needed in two patients and haemostatic brace sutures was needed in one patient. Hysterectomy was necessary in 8% of patients. One patient had local surgical resection. Two patients underwent postnatal uterine evacuation procedures following secondary postpartum haemorrhage. One patient underwent prophylactic pelvic vasculature

balloon catheterization prior to scheduled caesarean delivery. The most common morbidity was postpartum haemorrhage (51%) and 25% of patients received a blood transfusion. The non-haemorrhagic morbidities identified were infection (10%), hypertensive disorders of pregnancy (10%), bladder injury (5%), venous thromboembolism (1%), opioid withdrawal (1%) and postnatal depression (4%).

Conclusions: PAS is a major obstetric disorder with most procedures focused on managing postpartum haemorrhage.

Keywords: Adherent placenta; histopathology; maternal morbidity; placenta accreta spectrum (PAS); postpartum haemorrhage

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Footnote

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