

MULTIDISCIPLINARY APPROACH TO PLACENTA ACCRETA SPECTRUM: THE UROLOGIST'S PERSPECTIVE

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INTRODUCTION

- Placenta accreta spectrum (PAS) affects approximately 1 in 200 livebirths and carries significant morbidity and mortality.
- Standard of care for the most severe cases involves cesarean delivery followed by hysterectomy.
- Our institution has created a multidisciplinary approach for these challenging cases with the goal of decreasing adverse events including massive transfusion, ICU length of stay and organ injury.
- All team members are made aware of potential patients and operative times are coordinated.

METHODS

- A retrospective cohort study was conducted on suspected and unsuspected cases of PAS from January 2013 to October 2019.
- Placental invasion of the myometrium was confirmed by histopathologic data.
- Any urologic intervention in these cases was reviewed as well as the maternal outcomes.
- All preprocedural imaging with ultrasound and/or MRI to delineate anatomy was reviewed.

REFERENCES



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RESULTS

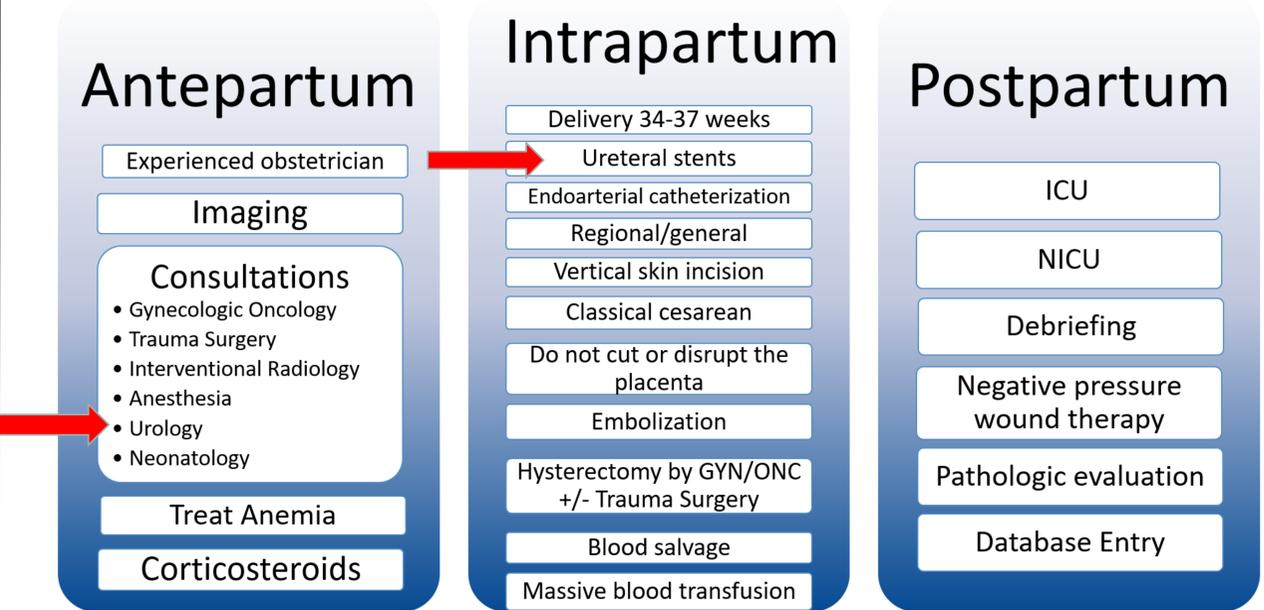


Figure 1. Placenta Percreta Protocol

| | MFMU Network 2008-2011, N=158 | UF Health, 2013-2017, N=59 | UF Health, 2018-2019, N=28 |
|-----------------------------|----------------------------------|-------------------------------|-------------------------------|
| Incidence | 1:731 | 1:250 | 1:215 |
| Accreta | 71% | 36% | 40% |
| Increta | 15% | 42% | 30% |
| Percreta | 11% | 12% | 15% |
| Hysterectomy | 70% | 93% | 85% |
| Median EBL (mL) | 2000 | 1600 | 850 |
| Median pRBCs (units) | 4 | 1 | 0 |
| ICU admissions | 31% | 44% | 35% |
| Preoperative Ureteral stent | NR | | 24% |
| Cystotomy repair | NR | | 9% |

Table 1. Postoperative findings

DISCUSSION

- A total of 87 patients were treated in this cohort. Histopathology revealed 11 patients with placenta percreta.
- Based on high-risk features on imaging and history, at the time of delivery, 21 patients underwent cystoscopy and temporary bilateral ureteral catheter placement to aid in identification of the ureters as well as to aid in recognition of ureteral injury.
- Eight patients had a cystotomy and repair. Of these, 3 had placenta percreta, only 1 had ureteral stenting.
- There were no unrecognized or long-term urologic complications.
- The most common complication was massive blood transfusion.

CONCLUSIONS

- The optimal care of PAS requires a multidisciplinary team with urology being a critical member of this team.
- This especially true in patients with placenta percreta as there is greater likelihood of bladder injury and need for repair.
- Our cohort highlights that although the frequency of urologic organ involvement is low, having urology involved in the case may help to prevent short- and long-term complications in these challenging patients.