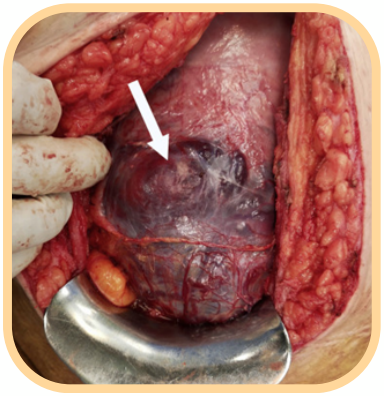
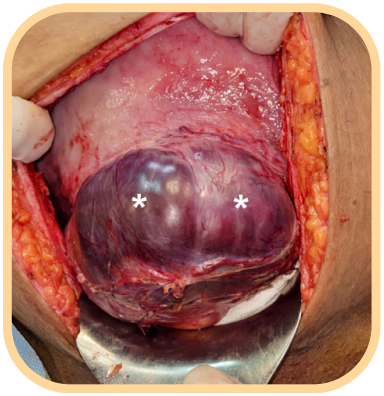
EMERGENCY INTRAOP MANAGEMENT OF UNDIAGNOSED ACCRETA

Guidelines for Emergency Accreta Management

1. If you open the abdomen and see possible accreta (see images), **do not proceed with delivery unless fetal indications require.** If so, perform hysterotomy, fundal, and/or away from the placenta.



A) Placenta percreta[3]



B) Placenta acreta[2]

2. **Call for massive transfusion protocol and emergency response team.**
3. **If the placenta does not come out, do not try to remove it. Keep it in place.**
4. **If uterus was opened, close with large running, locking stitch.**
5. **See page 2 on how to pack the abdomen.**
6. **Is the patient stable?**

YES — **If stable and not hemorrhaging, consider packing and transport with skin closure only**

NO — **If hemorrhaging and unstable, proceed with hysterectomy and massive transfusion protocol (leave placenta in situ)**

HOW TO PACK THE ABDOMEN:

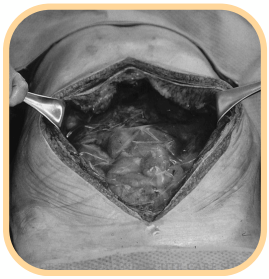
Materials needed:

- Laparotomy pads
- Blue towels
- Ioban
- X-ray cassette drape
- Sterile suction tubing

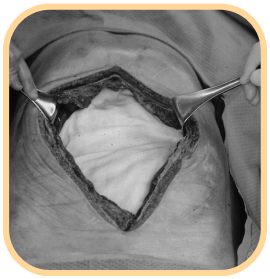
Technique:

1. Pack laps in areas of bleeding, then place more laps/blue towels above for **tamponade.**
2. **DO NOT CLOSE FASCIA.**
3. Open cassette drape and cut the pocket open to form one single sheet. Cut to size to cover the entire intra-abdominal contents. **Cut multiple slits in the drape with a scalpel or scissors.** Place into abdomen, ensuring it covers the uterus and bowel and extends under fascia circumferentially.
4. Cover cassette drape with moist blue towel and tuck underneath fascia.
5. Cut openings in sterile **suction tubing** extending from distal end to 20cm, approximately every 5cm. Place suction tubing over moist blue towel and place another moist blue towel on top.
6. **Prior to placing loban, skin should be cleaned and dried.** Cover the entire abdomen with loban and ensure suction tubing exits under the above dressing and has a good seal around the tubing. Consider benzoin application to skin for better skin adherence.
7. Connect suction tubing to wall suction, not to exceed 125 mmHg.
8. Transfer patient to higher level of care.

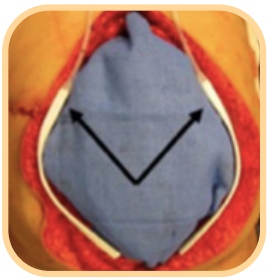
A) Polyethylene sheet is perforated multiple times with a scalpel blade.[1]



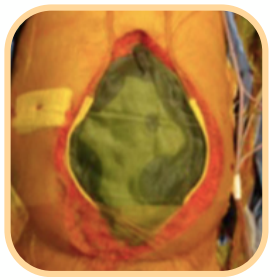
B) Polyethylene sheet is then placed over the peritoneal viscera and beneath the peritoneum of the abdominal wall.[1]



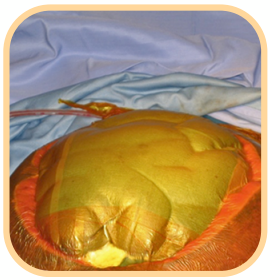
C) A moist surgical towel(s) is folded to fit the abdominal wall defect, placed over the polyethylene sheet, and positioned below the skin edges.[1]



D) Sterile surgical towels are placed over the perforated drape and drains are placed overthe towels. These can be any available drains including chest tubes.[4]



D) An occlusive dressing is placed over the wound and the drains are placed to wall suction.[4]



C) Abdominal packing with loban[6]

Essential items to communicate to accepting hospital (Utilize SMFM Transfer Checklist):

- Cumulative QBL
- Blood products given
- Labs (CBC, coags, etc.)
- Medical comorbidities
- Allergies
- Next of Kin contact
- Most recent vital signs
- Medications given (TXA, uterotonics, antibiotics, etc.)

References

1. Barker, D. E., Kaufman, H. J., Smith, L. A., Ciraulo, D. L., Richart, C. L., & Burns, R. P. (2000). Vacuum pack technique of temporary abdominal closure: a 7-year experience with 112 patients. Journal of Trauma and Acute Care Surgery, 48(2), 201-207.
2. Hussein, A. M., Fox, K., Bhide, A., & Jauniaux, E. (2023). Confirming the diagnosis of placenta accreta at birth: Intraoperative and macroscopic findings are essential but not histology. BJOG: An International Journal of Obstetrics & Gynaecology, 130(10).
3. Jauniaux, E., Hussein, A. M., Fox, K. A., & Collins, S. L. (2019). New evidence-based diagnostic and management strategies for placenta accreta spectrum disorders. Best Practice & Research Clinical Obstetrics & Gynaecology, 61, 75-88.
4. Mendoza, A. E. (2019). The Difficult Abdominal Wound: Management Tips. Current Trauma Reports, 5(1), 6-11.
5. Martin, N., & Sarani, B. (2014). Management of the open abdomen in adults. KC, editor, Tet W. Post. Waltham, MA. UpToDate2021.
6. Rock, K. C., Bakowitz, M., & McCunn, M. (2013). Advances in the management of the critically injured patient in the operating room. Anesthesiology Clinics, 31(1), 67-83.