Placenta Accreta

CC: None, painless bleeding

Updated: 3/8/11

Physical Examination / Labs:

- Sonogram: Placental location and degree of invasion, AFI, EFW, abdominal cervix length
- Consider MRI (can be useful to exlude accreta)
- CBC
- Type and cross, note antibody screen
- Defer pelvic examination

Orders:

Diagnosis	Orders
<34 weeks **Admit if any bleeding and have patient remain hospitalized**	❑ Admit to L&D ❑ CEFM ❑ Celestone 12 mg IM q 24 hours x 2 doses (best given if delivery anticipated within the next week) ❑ Consider cystoscopy to evaluate bladder invasion in cases of percreta ❑ Obtain informed consent for transfusion and Cesearean Hysterectomy ❑ BTL consent ❑ Consider scheduling family conference for discussion and counseling of maternal fetal risks ❑ Notify consultants of impending surgery (see next page) ❑ To OR immediately for large hemorrhage ❑ Deliver at 36 weeks if stable, earlier if signs or symptoms of preterm labor
>36 weeks	❑ Same as above except schedule for delivery as soon as possible

Surgical Planning:

- ❑ **Perform surgery / delivery in Main OR whenever possible**
- ❑ Place FSE on anterior and posterior cervix to delineate entry into vagina
- ❑ Vertical skin incision
- ❑ Develop bladder flap if possible
- ❑ Classical Cesarean Section
- ❑ Transfuse in 1:1:1 ratio of pRBCs, FFP, platelets and monitor closely for DIC
- ❑ Injection of 5 mg/kg of methotrexate into umbilical vein to destroy any remnant placental tissue not removed with hysterectomy
- ❑ Total hysterectomy, especially if placenta is previa
- ❑ Immediate hysterectomy if multiparous and not wishing to preserve fertility.
    - May consider removal of placenta if primiparous or attempt to preserve fertility is desired (increased morbidity and mortality).
    - Expectant management: leave placenta in utero and treat with methotrexate therapy, has been performed successfully in some case reports in an attempt to preserve fertility. This is associated with a

History:

- Placenta previa
- Previous Cesarean Deliveries
- Vaginal Bleeding
- Cramping or contractions

Differential Diagnosis:

Placenta Previa, Vasa Previa

Necessary Documentation:

- Frequency of contractions
- Category FHR tracing
- EFW

Notes:

- Please ensure back-up coverage for patients on L&D

high rate of post-operative hemorrhage, and delayed hemorrhage requiring hysterectomy up to 3 weeks post partum.

Consultants Contact Information, Arrowhead Regional Medical Center

- ❑ Urology: call operator for current urology resident
  - ❑ Notify of patient and location, estimated surgery date, possible cystoscopy, possible placement of ureteral stents pre-operatively, need to be on stand-by day of surgery
- ❑ Anesthesia: on call attending (03577)
  - ❑ Notify of patient and location, estimated surgery date, probability of massive transfusion, need for central monitoring. Vascular surgery can be done under spinal or MAC and local, Cesarean hysterectomy should be done under general anesthesia
- ❑ Radiology: Dr. Song (call operator for his pager number)
  - ❑ Notify of patient and location, estimated surgery date, need for placement of balloon or embolization catheters in hypogastric arteries
- ❑ Trauma Surgery: Sr. Resident (04168)
  - ❑ Notify of patient and location, estimated surgery date, need for backup assistance/vascular surgeon available if needed
- ❑ MFM, Gyn surgery: Dr. Valenzuela, Dr. Arce, Dr. Sinkhorn
  - ❑ notify of patient and location, estimated date of surgery. Request back up on day of surgery. Also plan to have a back up L&D attending.
  - ❑ Dr. Valenzuela: (909) 856-9218 (M), (909) 307-9971 (H), (909) 349-3471 (P)
  - ❑ Dr. Arce: (909) 638-6635 (M)
  - ❑ Dr. Sinkhorn : (909) 349-8358 (P), (909) 241-2745 (P), (951) 684-3685 (H)
- ❑ OR: (02400)
  - ❑ Notify of patient and location, estimated surgery date, probability of massive transfusion, need for central monitoring, planned back-up/stand-by attendings, experienced scrub tech and circulating RN.
  - ❑ Request cell saver and trauma's 20L suction canister.
- ❑ OB: Charge RN (04355)
  - ❑ Notify of patient and location, estimated surgery date, request assistance in coordinating with NICU staff to have fetal resuscitation in main OR, have L&D RN for maternal care AM of surgery and assistance in OR.
- ❑ Blood bank: call through lab
  - ❑ Notify of patient and location, estimated surgery date, request 10 Units pRBCs, 10 units FFP, and 10 units platelets to be on hand in OR day of surgery and let technicians know of likelihood of massive transfusion.

Consultants Contact Information, Riverside County Regional Medical Center (refer also to above)

- ❑ Urology: call operator for current urology resident
- ❑ Vascular surgery: Dr. Molkara (Sr. Surgery resident: 69333, or call operator for pager number)
  - ❑ Notify of patient and location, estimated surgery date, possible placement of balloon catheters in iliacs
- ❑ Anesthesia: on call attending (30176)
- ❑ Radiology: Monica Kief-Garcia (call operator for her pager number)
  - ❑ With copious amount of planning she may be able to order balloon catheters and place them in internal iliac arteries but states she has little experience doing this, and recommends vascular surgery. She may be consulted in event vascular surgery is unavailable.
- ❑ GYN-Oncology or MFM: Dr. Gaddis, Dr. Valenzuela
  - ❑ notify of patient and location, estimated date of surgery. Request back up on day of surgery. Also plan to have a back up L&D attending.
  - ❑ Dr. Valenzuela: (909) 856-9218 (M), (909) 307-9971 (H), (909) 349-3471 (P)
  - ❑ Dr. Gaddis: (951) 344-2786 (P), (951) 203-4036 (M)
- ❑ Main OR:
  - ❑ Notify of patient and location, estimated surgery date, probability of massive transfusion, need for central monitoring, planned back-up/stand-by attendings, need for adequate suction, experienced scrub tech and circulating RN.
  - ❑ Request presence of cell-saver and tech.
- ❑ OB: Charge RN
  - ❑ Notify of patient and location, estimated surgery date, request assistance in coordinating with NICU staff to have fetal rescucitation in main OR, have L&D RN for maternal care AM of surgery and assistance in OR.
- ❑ Blood bank: call through lab
  - ❑ Notify of patient and location, estimated surgery date, request 10 Units pRBCs, 10 units FFP, and 10 units platelets to be on hand in OR day of surgery and let technicians know of likelihood of massive transfusion.