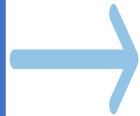


The Right Place At The Right Time: Antepartum Hemorrhage In The Operating Suite For A Scheduled Cesarean Hysterectomy

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Background:

Placenta accreta spectrum (PAS) is one of the most dangerous conditions in pregnancy and is increasing in frequency.



The risk of life-threatening bleeding is present throughout pregnancy but is particularly high at the time of delivery.



Even with appropriate and timely anesthetic and surgical interventions, the risks of intraoperative and postoperative complications is high.



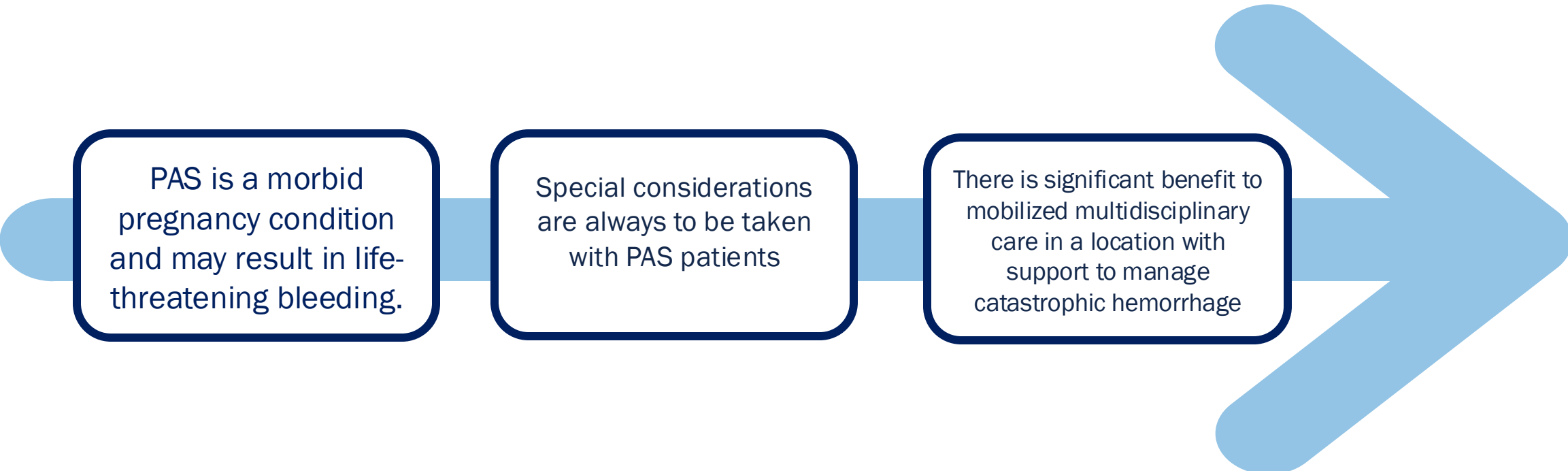
This case reminds us of the special considerations of PAS patients, such as anticipation of increased resuscitation and timeline for implementing advanced hemorrhage control techniques.

Case Presentation

- 44yo G7P4024 at 32w6d admitted for perioperative planning ahead of a scheduled cesarean hysterectomy in the setting of an anterior placenta previa
- Following CSE placement in anticipation of VIR uterine artery balloon placement, brisk vaginal bleeding was noted during the vaginal prep/foley placement.
- Emergent Cesearean was called and the ACT proceeded with RSI
- Shortly after intubation, pulses noted to be absent and maternal ACLS initiated
- Following ROSC, VIR emergently places REBOA intraoperatively and MTP activated
- Thrombosis of the L CFA and SFA were noted on angiogram post-operatively.
- Patient was discharged home on POD07 on therapeutic anticoagulation

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Take Away Points



PAS is a morbid pregnancy condition and may result in life-threatening bleeding.

Special considerations are always to be taken with PAS patients

There is significant benefit to mobilized multidisciplinary care in a location with support to manage catastrophic hemorrhage