



P154. THE EFFECTIVENESS OF DOUBLE INCISION TECHNIQUE IN UTERUS PRESERVING SURGERY FOR PLACENTA PERCRETA

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Context: Placenta percreta (PP) is a life-threatening condition that places patients at risk of massive bleeding. It necessitates very complicated surgery and can result in mortality. Caesarean hysterectomy is the accepted procedure worldwide; however, recent studies discussing conservative treatment with segmental resections have been published. Foetal extraction and segmental resection can be performed through the same incision (single uterine incision) or through two different incisions (double uterine incision).

Objective: In this study, we aimed to evaluate the effectiveness and results of the double incision technique.

Methods: Twenty-two patients with a diagnosis of PP who underwent conservative surgery were included to study.

Patients: Segmental resection was performed via single incision (SI) in ten patients and double incision (DI) in twelve patients.

Interventions: When the PP was not involved in the area of the previous uterine incision and the bladder dissection was considered feasible, the trans-placental segmental approach was preferred. Following the dissection of the retro-vesical space, hysterotomy was performed at the upper border of the involved segment. The myometrium with pathologic placental adherence was incised in the shape of an ellipsoid or wedge (SI technique for segmental resection). However, the presence of a wider placental adherence area did not allow for a trans-placental approach; in these cases, a transverse corporeal or vertical uterine incision was performed to avoid placental damage, and the foetus was immediately delivered through the uterine incision. And then, as with the technique utilized for SI, the entire adhesive placental area was removed (DI technique for segmental resection).

Main outcome: There were no complications in the SI group. In the DI group, conservative surgeries were successful in 11 (91.66%) patients.

Measures and Results: There was no difference between groups in terms of age, gravida, number of previous caesarean deliveries, gestational age at delivery, or rate of elective surgeries. The operation time, transfusion requirement, intensive care unit admission, total hospitalization and success of conservative surgery were comparable.

Conclusions: Based on the outcomes of our study, double uterine incision allows for the safe extraction

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of the foetus during uterus-preserving surgery in patients with placenta percreta without worsening the results compared to single uterine incision.