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التوثيق الإلكتروني والميكرو فيلم

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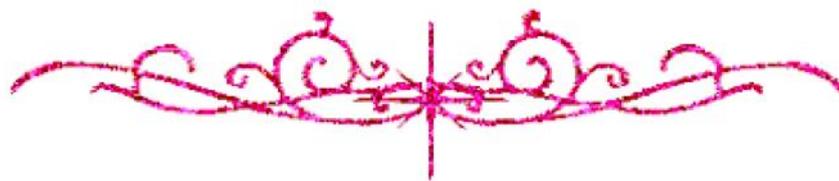


بعض الوثائق الأصلية تالفة





بالرسالة صفحات لم ترد بالأصل



**Ureteric visualization before uterine artery
clamping in Caesarean hysterectomy for
morbidly adherent placenta; cohort study**

Thesis

*Submitted for Partial Fulfillment of the Master Degree
In Obstetrics & Gynaecology*

By

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Ureteric visualization before uterine artery clamping in Caesarean hysterectomy for morbidly adherent placenta; cohort study

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Abstract

Background: Caesarean hysterectomy is considered the reference standard treatment for placenta accreta. In young women who want the option of future pregnancy and agree to close follow-up monitoring, conservative treatment is a valid option. **Aim of the Work:** to assess the safety and efficacy of early ureteric visualization in decreasing the incidence of urological injury in caesarean hysterectomy for morbidly adherent placenta in comparison with the standard approach. **Patients and Methods:** This cohort study was conducted on were 160 pregnant females who attended labor ward and underwent cesarean section for placenta accreta 142 ended with cesarean hysterectomy and 18 managed conservatively at department of obstetrics and gynecology at Maternity Hospital of Ain Shams University in the period between April 2019 and October 2020. They were divided into two groups: Cesarean hysterectomy was performed with the classic approach in 70 of them. Group A. Cesarean hysterectomy was performed with ureteric visualization in 72 patients (Group B) two of them were excluded from our study population as they have thrombocytopenia. **Results:** No statistical significance differences were found between two groups regarding demographic characteristics as age, BMI and gestational age. No differences were present regarding frequency of previous deliveries, abortions and indication for hysterectomies. No significant differences were found also regarding perioperative data as operative time (h), perioperative blood loss (ml), number of packed RBC units, plasma units, hospital length of stay (days), volume of blood loss in drains, drop in hemoglobin in both study groups ($p=0.492$ and 0.030) and incidence of adverse outcomes as bladder, ureteric or bowel injury, wound complications, ICU admission and maternal mortality. Although no statistically significant results but we recommend planned meticulous surgical approach for MAP with identification of the ureter before clamping the uterine artery and creation of bladder flap from lateral we assume this ensures best outcomes for those patients. More studies with larger sample size and more data particularly regard incidence of ureteric injury are needed for further evaluation. **Conclusion:** There were no statistical significance differences between early ureteric visualization and standard approach regarding safety and efficacy in decreasing the incidence of urologic injury in caesarean hysterectomy for morbidly adherent placenta.

Key words: ureteric visualization, uterine artery clamping, caesarean hysterectomy, morbidly adherent placenta

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List of Abbreviations

3D	: Three-dimensional
ACOG	: American College of Obstetricians and Gynecologists
AFP	: Alpha-fetoprotein
ALT	: Alanine aminotransferase
AST	: Aspartate Transaminase
BMI	: Body mass index
cffDNA	: Cell-free fetal DNA
COE	: Centers of excellence
DNA	: Deoxyribonucleic acid
EPH	: Emergency peri-partum hysterectomy
hCG	: Human chorionic gonadotropin
ICU	: Intensive care unit
MAP	: Morbidly adherent placenta
PAPP-A	: Pregnancy-associated plasma protein A
PAS	: Placenta accreta spectrum
RBCs	: Red blood cells
RCOG	: Royal College of Obstetricians and Gynaecologists
TPS	: Trans abdominal sonography
TVS	: Transvaginal sonography
β-hCG	: beta-subunit

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PROTOCOL OF A THESIS FOR PARTIAL FULFILMENT OF MASTER DEGREE IN OBSTETRICS & GYNAECOLOGY

Title of the Protocol: **Ureteric visualization before
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What is already known on this subject?

Morbidly adherent placenta is associated with considerable maternal morbidity and potential mortality.

The risk of ureteric injury associated with surgery for MAP is 0-18% and the risk of bladder injury is 7% to 48%. (*Allen L et al., 2018*)

The aim is to decrease urological injury associated with surgery for MAP.

The most generally accepted approach to morbidly adherent placenta is planned caesarean hysterectomy with the placenta left in situ after delivery of the foetus. (*Alison G et al., 2018*)

1.INTRODUCTION/ REVIEW

Morbidly adherent placenta, refers to the range of pathologic adherence of the placenta, including placenta increta, placenta percreta, and placenta accreta. (*Allen L et al., 2018*)

The incidence of MAP has paralleled the increase in caesarean deliveries, and now occurs in approximately three in every thousand deliveries in the USA.

MAP is considered a severe complication of pregnancy and may be associated with massive and potentially life-threatening intrapartum and postpartum haemorrhage. As many as 90% of women with placenta accreta require blood transfusion, and 40% require more than 10 units of packed red blood cells. In fact, it remains the leading indication for caesarean hysterectomy. (*Selman A., 2015*)

The main risk associated with any form of MAP is massive obstetric haemorrhage, which leads to secondary complications including coagulopathy, multi system organ failure, and death. (*Allen L et al., 2018*)