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قسم

نقسم باللّه العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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بالرسالة صفحات لم ترد بالأصل

The role of bilateral internal iliac artery ligation in minimizing blood loss prior to Cesarean Hysterectomy patients with Abnormally Invasive Placenta

Thesis

Submitted For Partial Fulfillment of Master Degree in Obstetrics and Gynecology

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Ahmed Mohsen

List of Contents

List of Tables

List of Figures

List of Abbreviations

Abb.	Full term
ACOG	American College of Obstetricians and Gynecologists
AIP	Abnormally invasive placenta
CBC	Complete blood picture
CH	Cesarean hysterectomy
CI	Confidence interval
CS	Caesarean section
EDD	Estimated date of delivery
EW-AIP	European Working Group on Abnormally Invasive Placenta
GA	Gestational age
ICU	Intensive care unit
LMP	Last menstrual period
MAP	Morbidly adherent placenta
MRI	Magnetic resonance imaging
PAS	Placenta accreta spectrum
RH	Rhesus factor
SPSS	Statistical Package for Social Sciences

PROTOCOL OF A THESIS FOR PARTIAL FULFILMENT OF MASTER DEGREE IN OBSTETRICS AND GYNECOLOGY

Title of the Protocol: The role of bilateral internal iliac artery ligation in minimizing blood loss prior to Cesarean Hysterectomy patients with Abnormally Invasive Placenta.

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2019

What is already known on this subject? AND What does this study add?

Bilateral internal artery ligation is a common procedure in management of cases of abnormally Invasive Placenta. The current study will focus on the effect of this procedure in minimizing blood loss for cases managed by Cesarean Hysterectomy.

1)INTRODUCTION /REVIEW

Abnormally invasive placenta (AIP) is a term that describes cases in which there is complete or partial failure of separation of the placenta from the uterine wall following delivery of the fetus(Chantraine & Langhoff-Roos 2013)

Abnormally invasive placenta has become a main cause for maternal morbidity and mortality in both low and high-income countries(Shao & Pradhan 2012).Surgical complications as urologic and bowel injuries, infection, fistula formation, and systemic complications associated with massive blood loss and transfusion are the main causes of morbidity. Also, there is a marked rise in maternal mortality reaching 7% in cases associated with abnormally invasive placenta (O'Brien et al. 1996). Previous caesarean section (CS) delivery is the most important risk factor associated with the increased incidence of abnormally invasive placenta.Planned Cesarean Hysterectomy is the recommended management technique in abnormally invasive placenta according to ACOG to reduce the complications such as massive bleeding, risks of disseminated intravascular coagulation, infection, acute respiratory distress syndrome,renal failure, and death (Silver et al. 2006), (Solheim et al. 2011)

Cesarean hysterectomy (CH) for Abnormally invasive placenta is considered as one of the most challenging surgeries: with an average mortality rate of 4.8% for emergency peripartum hysterectomy. Although lower mortality rates may be recorded in elective than emergency surgery, still Caesarean Hysterectomy for Abnormally invasive placenta remains the most difficult obstetric surgery.

Intraoperative bleeding was found to be the major cause of mortality in Cesarean Hysterectomy cases. The primary focus of the adopted techniques was to reduce the pelvic circulation, supplied mainly from the internal iliac arteries or their branches.

Internal Iliac Artery ligation has been a surgical technique utilized to reduce hemorrhage during pelvic and obstetrical surgeries. Hypogastric artery ligation has the potential of being a life-saving measure

that has been used when other more common modalities fail.(Al-Khan et al. 2018).

The technique has been used to reduce pelvic blood flow when intraoperative hemorrhage is anticipated.(Kidney et al. 2001) The theoretical physiological change that occurs after internal iliac artery ligation is a decrease in pulse pressure transforming an arterial system into a venous system,which decreases blood flow and therefore blood loss.

2) AIM/ OBJECTIVES

The aim of this study is to detect the role of bilateral internal iliac artery ligation in minimizing blood loss, prior to performing Cesarean Hysterectomy in cases with confirmed preoperative or intraoperative diagnosis of Abnormally invasive placenta.

3) METHODOLOGY:
Patients and Methods/ Subjects and Methods/ Material and Methods

- **Study design:** prospective non randomized trial.
- **Patients and Settings:** Patients And Setting: patient who attend for delivery in the labor ward in Ain Shams Maternity Hospital**.**
- **Population** pregnant women with abnormally invasive placenta in ultrasound managed by cesarean hysterectomy at Ain Shams maternity hospital

- **Sample size justification**:

Using PASS11 Program for sample size calculation, and according