Conservative management of placenta accreta and percreta: a new intracavitary surgical technique
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Objective
Placental invasion abnormalities are associated with considerable maternal mortality and morbidity including haemorrhage during surgery, large-volume blood transfusion, peripartum hysterectomy, bladder, ureter and bowel injury, intensive care unit admission, infection, and renal failure. Placental invasion abnormalities currently are the most common indication of postpartum hysterectomy. However, this management might not be considered first-line treatment for women who have a strong desire for future fertility. We present a new surgical technique for uterine preservation in patients with placenta accreta and percreta.

Methods
The present study is a prospective observational review of patients with placenta accreta and percreta at Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey. 62 women, who desired fertility preservation and were confirmed intraoperatively as having placenta accreta or percreta, were managed with two different intracavitary suture techniques after the proximal branch of the uterine artery was clamped and utero-ovarian anastomoses were blocked. First, we started the suture inside the uterine cavity and continued as figure of eight, knotting inside the uterine cavity. Second, suture was started inside the uterine cavity, continued as figure of eight, knotting on the uterine serosa.

Results
The mean blood loss during operations was 1350 ± 750 cc (600-5000), and the mean of transfused blood products was 4 units (range, 2-15). Hysterectomy was performed in 2 (3.2%) patients due to severe haemorrhaging. Bleeding was controlled with intracavitary sutures in 60 (96.8%) patients. A vesicovaginal fistula occurred in one case. The bladder catheter remained in place for another month and the fistula spontaneously resolved, with no surgical intervention needed. None of the patients required reoperation after the initial surgery.

Conclusion
In patients with placental invasion abnormalities, we preserved the uterus without serious complications by using a newly defined suture technique: intracavitary sutures. The success rate of the technique was 96.8%.