

Appendix 2

**Center for Obstetrical Management of Placenta Accreta Spectrum (COMPAS)
Loma Linda University Childrens Hospital**

**REBOA Placement Guidelines
Placental Accreta Spectrum**

All REBOA procedures to performed by the Acute Care Surgeons with credentialing from the BEST course (Basic Endovascular Skills in Trauma) administered through the American College of Surgeons Committee on Trauma.

1. Identify the common femoral artery and common femoral artery bifurcation, external iliac artery and select non-calcified segment with ultrasound (US)
2. Placement of 5 French arterial micropuncture kit (optional)
3. Upsize to 7 French arterial access sheath
4. Transduce arterial line with continuous saline infusion (anesthesiology needs to have a second arterial line)
5. Approximate infra-renal REBOA placement by external landmarks measuring from entry into femoral artery to xiphoid
6. Obstetrical team to deliver the infant
7. Aspirate 10 mL of blood from femoral sheath and discard. Flush sheath with 10 mL weak heparinized saline (1000 units heparin in 1L NS)
8. REBOA insertion through the femoral sheath to distal zone 3 of the aorta to pre-measured length
9. Confirm placement of REBOA by intra-abdominal palpation by gynecologic oncology
10. Inflate balloon in infrarenal zone 3 aorta (just above aortic bifurcation and below renal arteries)
11. Reconfirm placement after inflation via intra-abdominal palpation
 - a. Volume of balloon inflation gauged by observing bleeding in the operative field
12. Transduce REBOA catheter with continuous heparinized saline infusion
13. After completion of the hysterectomy or a maximum of 60 minutes ischemia time the REBOA is deflated and removed
 - a. Continuous saline infusion switch from REBOA to femoral sheath
14. In discussion with anesthesiology and surgical team administer 50 units/kg heparin IV through the 7 French femoral sheath (after inflation of the balloon, before 60 minutes time mark) (optional but recommended)
15. Aspirate 10 ml blood through femoral sheath and discard
 - a. If no clot present, then flush and ok to remove the sheath without additional interventions
 - b. If difficult to aspirate or thrombus identified proceed with repeat aspirations, angiogram (10 mL of half/half contrast into femoral sheath under fluoroscopy), embolectomy or vascular surgery consult
16. Remove femoral sheath and hold pressure for 30 minutes
17. Document postoperative pulse exam
18. Postoperative neuro-vascular checks Q1 hour x24 hours
19. Femoral vessel ultrasound 24 hours postoperatively or sooner if any neuro-vascular changes are noted