Supplementary material 1

Surgical technique for placenta accreta spectrum (PAS) used at the Dr. Percy Boland Rodríguez Women's Hospital in Santa Cruz de la Sierra, Bolivia.

- Identification of all patients with risk factors for PAS (history of cesarean section and placenta previa)
- Evaluation of prenatal images
- Knowledge of the low performance of ultrasound, all patients with PAS risk factors receive median infraumbilical laparotomy
- Two peripheral venous access numbers 14-18
- Nonpneumatic anti-shock suit available
- 2-3 red blood cell units (RBCUs) reserve
- Neuraxial anesthesia (spinal or epidural)
- Median infraumbilical skin incision
- Visual confirmation of PAS (FIGO criteria)
- Enlargement of the skin incision if PAS is confirmed
- Externalization of the gravid uterus
- Transverse fundic hysterotomy
- Fetus extraction leaving placenta in situ
- One plane hysterorraphy
- Total hysterectomy
- Clamping, cutting, and ligation of the round ligament
- Clamping, cutting, and ligation of the uterus-ovarian ligament
- Slow and meticulous dissection of the vesicouterine space

- Suture ligation of vessels that run between the uterus and bladder
- Skeletonization and ligation of uterine arteries
- Identification and lateralization of the ureter
- Clamping, cutting, and ligation of the broad ligament to the most caudal part
- Vaginal dome cut and closure
- Removal of the surgical piece (uterus)
- Hemostasis check with clamping and ligation of bleeding vessels on the posterior aspect of the bladder and lateral walls of the pelvis
- In abnormal bleeding was observed or massive bleeding was predicted, a "low threshold" was used for RBCU transfusion. This was motivated by the absence of additional strategies to control bleeding (interventional radiology, specialists in vascular surgery) or the replacement of massive blood losses (cell saver, blood bank inside the hospital) in our hospital.
- Administration of tranexamic acid when intraoperative bleeding exceeds 1000 mL
- Parietal peritoneum closure
- Abdominal wall closure
- Postoperative management depending on blood loss (recovery room, obstetric unit, or intensive care unit)