

Kongress: 11th Int. Congress of Cardiothoracic and Vascular Anesthesia
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Abstract Nr.: 40
Kategorie: Complications
Vortragssprache: E
Vortragsart: P
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Abstracttitel: Re-exploration for bleeding and hospital length of stay is increased in patients having complex surgery following removal of aprotinin marketing approval

Introduction: The marketing approval for aprotinin injection was removed in November 2007 leading many UK centres to restrict its prophylactic use.

Compared to other agents aprotinin has been shown to significantly reduce rates of re-exploration for bleeding (RfB).

Methods: In this retrospective audit we compared the rates of RfB over two similar time periods (February to June) during 2007 and 2008 in patients having surgery with cardiopulmonary bypass. Patients were grouped as non-complex (NC) (primary revascularisation or single valve) highly complex (HC) (transplantation, assist-device, aortic arch surgery or circulatory arrest) or complex (C). Effects on mortality and morbidity (for brevity expressed as a composite of hospital length of stay (HLOS)) were also compared.

Results: The most striking difference was found in the C group where there was no prophylactic use of aprotinin during 2008. The rate of RfB was 27% compared to 6.5% in 2007 ($p=0.059$ by Chi Square). The HLOS in non re- explored patients in 2008 (mean 13, median 12 days) was similar to that in 2007 (mean 13, median 11 days). The HLOS increased in both years for patients having RfB. In 2007 those having RfB stayed a mean of 14.5 (median 14.5) days ($p=0.45$ compared to 2007). During 2008 HLOS in patients having RfB increased to a mean of 27 (median 25.5) days ($p=0.02$; 't' test). There was no mortality in either group over the period of the audit.

Comment: These data suggest that morbidity has been increased in patients having complex cardiac surgeries when prophylactic aprotinin therapy was withheld.