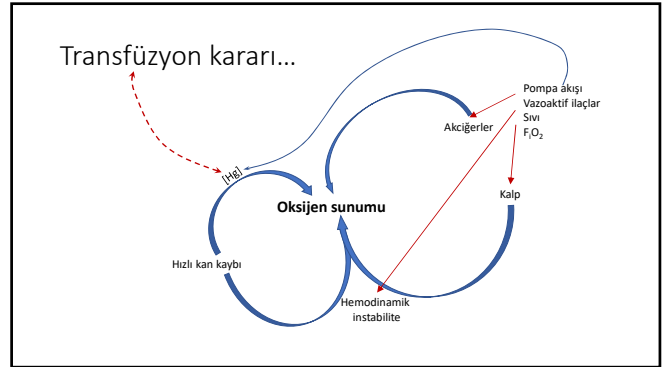


Eritrosit:Plazma Hacmi Transfüzyon Kararını Etkileyebilir mi?

Dr. Başar Erdivanlı

GÖĞÜS KALP DAMAR ANESTEZİ
VE YOĞUN BAKIM DERNEĞİ
26. ULUSAL KONGRESİ

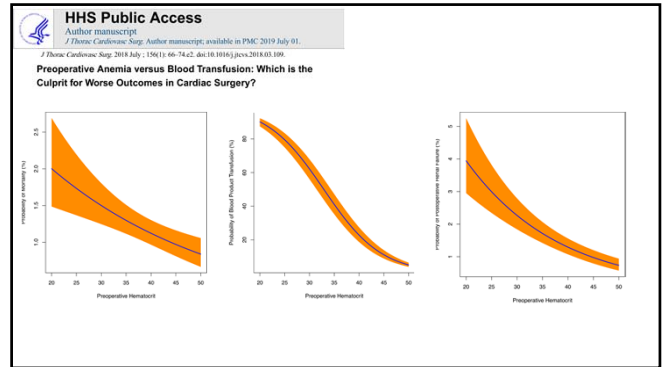


Transfüzyon kararı hastanın zarar görmesiyle sonuçlanabiliyor

Anemi
Gerçek/Dilüsyonel
Pre/Intraoperatif

Kan Transfüzyonu
Erken/Geç

Sublingual microcirculation does not reflect red blood cell transfusion thresholds in the intensive care unit—a prospective observational study in the intensive care Unit. Crit Care 2020
Preoperative anemia versus blood transfusion: Which is the culprit for worse outcomes in cardiac surgery? J Thorac Cardiovasc Surg 2018.
Relation of Use of Red Blood Cell Transfusion After Acute Coronary Syndrome to Long-Term Mortality. Am J Cardiol 2018
The independent effects of anemia and transfusion on mortality after coronary artery bypass. Ann Thorac Surg 2014.



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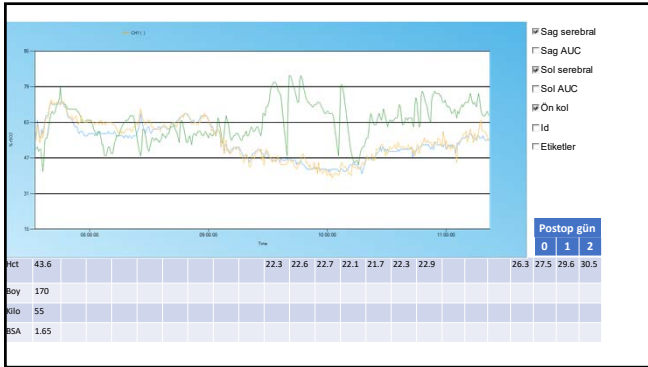
-> Öneri: PBM Sütun 1'e uyulması

- Hazırlığa zaman yoksa?
- Akut kan kaybı gelişirse?

-> 7-8 g/dl transfüzyon eşliği?

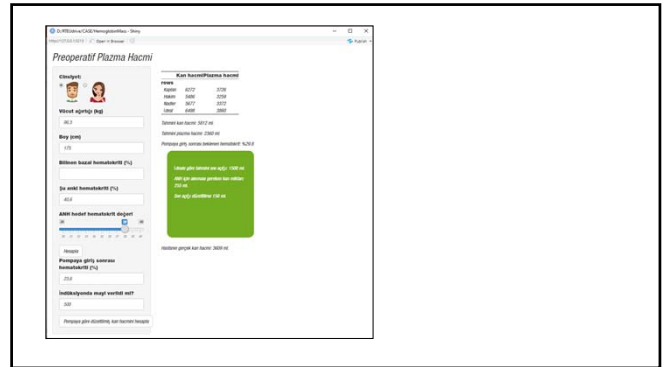
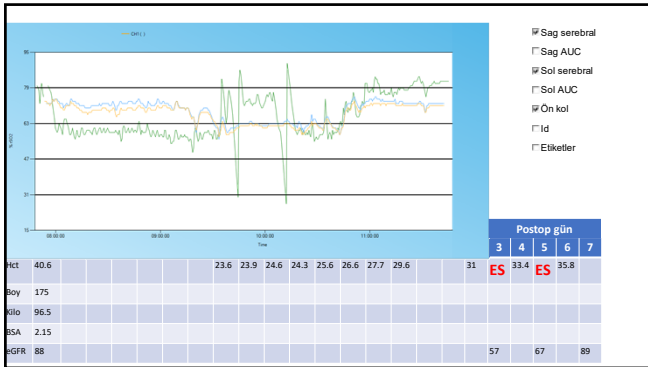
59 y, Erkek

2 saat süren göğüs ağrısı -> inferior ve lateralde yaygın ST depresyonu
LMCA %50 darlık, LDA %80 darlık, CX %70 darlık, RCA %100
EKO: EF %60, LA 40 mm, AO 35 mm, ESER MY ve TY
Sigara kullanımı yok
EuroScore II: 0.76
Koroner YBÜ'de 2 gün takip sonrası 3. gün CABGx3

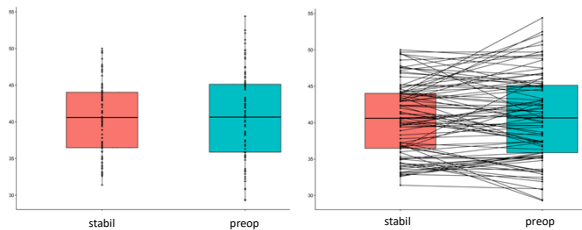


56 y, Erkek

Uzun zamandır eforla göğüs ağrısı
LDA %50 darlık, D1 sonrası %90, RCA %70
EKO: EF %60
7 yıldır sigara içmiyor
EuroScore II: 0.55
Taburcu edilerek 10 gün sonra CABGx3



Kalp yetmezlikli hastaların stabil ve preop hematokrit değerleri



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[Hg] değerleri pragmatik ama güvenilir değil.

Karmaşıklığın nedenleri...

Hastanın kliniği önemli ve karmaşık

GIS kanama

Travma

Kronik kalp yetmezliği

PBM: Kan transfüzyonu eşiği 7-8 g/dl

Preoperatif hazırlıklar
 Hedefe yönelik erken sıvı tedavisi
 İntraoperatif monitorizasyon
 -> Kan kullanımı azalıyor

Society for Technology in Anesthesia

Perioperative Goal-Directed Hemodynamic Optimization Using Noninvasive Cardiac Output Monitoring in Major Abdominal Surgery: A Prospective, Randomized, Multicenter, Pragmatic Trial: POEMAS Study (PeriOperative goal-directed thErapy in Major Abdominal Surgery)

Table 2. Surgical Time and Perioperative Fluid Balances

	Control (n = 74)	GDT (n = 72)	P
Surgical time (min)	190 (135 to 240)	184.5 (132.5 to 240)	0.969
Vol 12h presurgery (mL)	200 (0 to 300)	200 (0 to 500)	0.383
Vol 12h presurgery (mL/kg/h)	0.2 (0 to 0.3)	0.2 (0 to 0.5)	0.308
Preoperative fluid deficit	-720 (-900 to -500)	-660 (-920 to -420)	0.416
Vol OR (mL)	2325 (1800 to 3000)	2950 (1825 to 3900)	0.162
Vol OR (mL/kg/h)	9.8 (8 to 12)	10 (8 to 14.5)	0.341
Diuresis OR (mL)	310 (200 to 500)	237.5 (150 to 540)	0.414
Diuresis OR (mL/kg/h)	1.2 (0.8 to 2.1)	1.2 (0.8 to 2)	0.925
Hemorrhage OR (mL)	250 (200 to 400)	300 (200 to 500)	0.220
Hemorrhage OR (mL/kg)	3.2 (1.9 to 6)	4 (2 to 7.1)	0.404
Packed red blood cells OR (units)	0 (0 to 0)	0 (0 to 1)	0.019
Fresh frozen plasma OR (units)	0 (0 to 0)	0 (0 to 0)	0.162
Colloid balance	-1 (0 to 2)	-2 (1 to 3)	<0.001
Balance presurgery OR (mL)	960 (880 to 1170)	1072.5 (832.5 to 1320)	0.460
Balance presurgery OR (mL/kg)	13.3 (6.4 to 19.7)	15.7 (8.4 to 25.1)	0.461
Total balance (mL)	-312.5 (-850 to 35)	-262.5 (-867.5 to 360)	0.334
Total balance (mL/kg)	-4.3 (-12.2 to 0.4)	-3.6 (-13 to 4.8)	0.406
Vol ICU 24 h (mL)	3100 (2750 to 3800)	3200 (2650 to 3875)	0.737
Vol ICU 24 h (mL/kg)	42.1 (37.3 to 54.5)	41.3 (32.5 to 53.6)	0.696

Data are expressed as median (25th–75th percentiles).

Intra-operative intravenous fluid restriction reduces perioperative red blood cell transfusion in elective cardiac surgery, especially in transfusion-prone patients: a retrospective, randomized controlled trial. J Cardiothorac Surg 2010

Goal-directed haemodynamic therapy during elective total hip arthroplasty under regional anesthesia. Crit care 2011

Fluid management guided by a continuous non-invasive arterial pressure device is associated with decreased postoperative morbidity after total knee and hip replacement. BMC Anesthesiol 2014

0.6 ± 1.3 [GDT] vs 0.2 ± 0.6 [control]; P = 0.019

2.4 ± 1.8 [GDT] vs 1.3 ± 1.4 [control]; P < 0.001

