



Hemostasis and bleeding in congenital heart surgery – single center review

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The success of congenital heart surgery relies heavily on proper knowledge of hemostasis and bleeding. A review of each center's outcomes and its relation to pre and post-surgery hemostasis parameters may identify some possible causal relations.

We performed a single center retrospective trial. Included all patients admitted to the Pediatric Intensive Care Unit (PICU) and submitted to congenital heart surgery during a 19 month period. Primary outcome was death during surgery or PICU stay. Secondary outcomes were low output cardiac syndrome (LOCS), acute kidney injury (AKI), mechanical invasive ventilation (MIV) and PICU stay length. Independent variables were amount of blood products transfusion in the operating room (OR) or PICU as surrogates for bleeding, and pre and post-surgery levels of hemoglobin, platelets, activated partial thromboplastin time (aPTT) and prothrombin time (PT). Statistical inference was performed using R CRAN version 3.5.0. Linear regression and ANOVA were used for continuous variable correlation and student T-test for continuous and binomial variables correlation. fibrinogen certainly deserves further study.



Rita Ataíde Silva is a medical doctor, actually on the 4th year of internship in Pediatric Cardiology. Has completed graduation on July 2014, by de Faculty of Medicine of Coimbra's University.

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