

P225. A review and suggested approach for performing cardiac surgery in patients with hereditary bleeding disorders

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Aim

Significant advances have been made in the healthcare of patients with hereditary bleeding disorders (HBDs). This has led to an increase in age related comorbidities including an increased requirement for cardiac surgery. This study presents the experience of a large Australian hospital in performing cardiac surgery on HBD patients and provides a suggested approach for their perioperative management.

Method

Medical records of patients with HBDs who underwent cardiac surgical procedures from January 1997 to December 2013 were reviewed.

Results

Seventeen patients were included in this study, thirteen with Haemophilia A, one symptomatic Haemophilia A carrier, one with Haemophilia B and two with von Willebrand Disease. Cardiac surgical procedures performed include ten coronary artery bypass graft (CABG) operations, two aortic valve replacements, two mitral valve repairs, two aortic root replacements and one combined aortic valve replacement and CABG. Perioperative management centred on factor substitution via continuous infusion to maintain normal factor levels. Perioperative outcomes including length of hospital stay (LOS), mortality and return to theatre for bleeding were recorded (see Table 1). Two patients returned to theatre for bleeding, one patient on the first postoperative day and one patient at day twenty postoperatively with pericardial tamponade. Limitations of this study include the small number of patients with HBDs undergoing cardiac surgery and the lack of a control group.

Outcomes	The Alfred HBD patients 1997-2013 (n = 17)	Victorian Public Hospital patients post CABG 2010-2011 (n = 1510)
LOS (median)	11 days	9 days
Mortality	0%	2%
Return to theatre for bleeding	12%	1.9%

Table 1: Outcomes post cardiac surgery in HBD patients.

Conclusions

Through meticulous planning, a multi-disciplinary team approach and stringent postoperative monitoring, cardiac surgery employing cardiopulmonary bypass may be safely performed in HBD patients. However, further research is required to determine robust perioperative management guidelines.