



AB222. 243. Significant coagulopathy post symptomatic abdominal aortic aneurysm—a role for point of care coagulation testing?

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Abstract: The in-hospital postoperative mortality for complex open aortic procedures is 19.6% (National Vascular Registry 2016 Annual Report). We describe a case of complex open abdominal aortic surgery associated with coagulopathy. We aim to demonstrate the role for point of care testing (POCT) in this setting. A 72-year old male presented to our emergency department with abdominal and back pain of 5 days duration. An 8.9-cm intact abdominal aortic aneurysm was demonstrated on computed tomography. An open repair was carried out with a suprarenal cross clamp time of 45 minutes and a 2.5-L blood loss. Anaesthesia was conducted with a balanced volatile and opiate infusion technique. A noradrenaline infusion commenced after

release of cross clamp. Seven L of crystalloid and 4 units of packed red cells were transfused intraoperatively. Intensive care admission bloods revealed a significant coagulopathy with an international normalized ratio (INR) of 2.9, peaking at 3.4 twenty-four hours post-surgery. Haemoglobin had dropped from 12.7 to 7.9g/L. During the first day of his ICU stay, vasoactive medications, fluid and product replacement were guided by the use of bedside ultrasound and Pulse Index Contour Continuous Cardiac Output. Ultimately, this patient weaned from intensive care supports over the course of a 70-day complicated stay in intensive care. Our institution has POCT equipment; however, we do not have the resources to run the quality assurance needed to support its use. An opportunity exists to upgrade this equipment to a newer cartridge model requiring less support. Current literature supports the use of POCT for major vascular cases.

Keywords: Care; coagulation; testing; abdominal aortic aneurysm (AAA); repair

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