



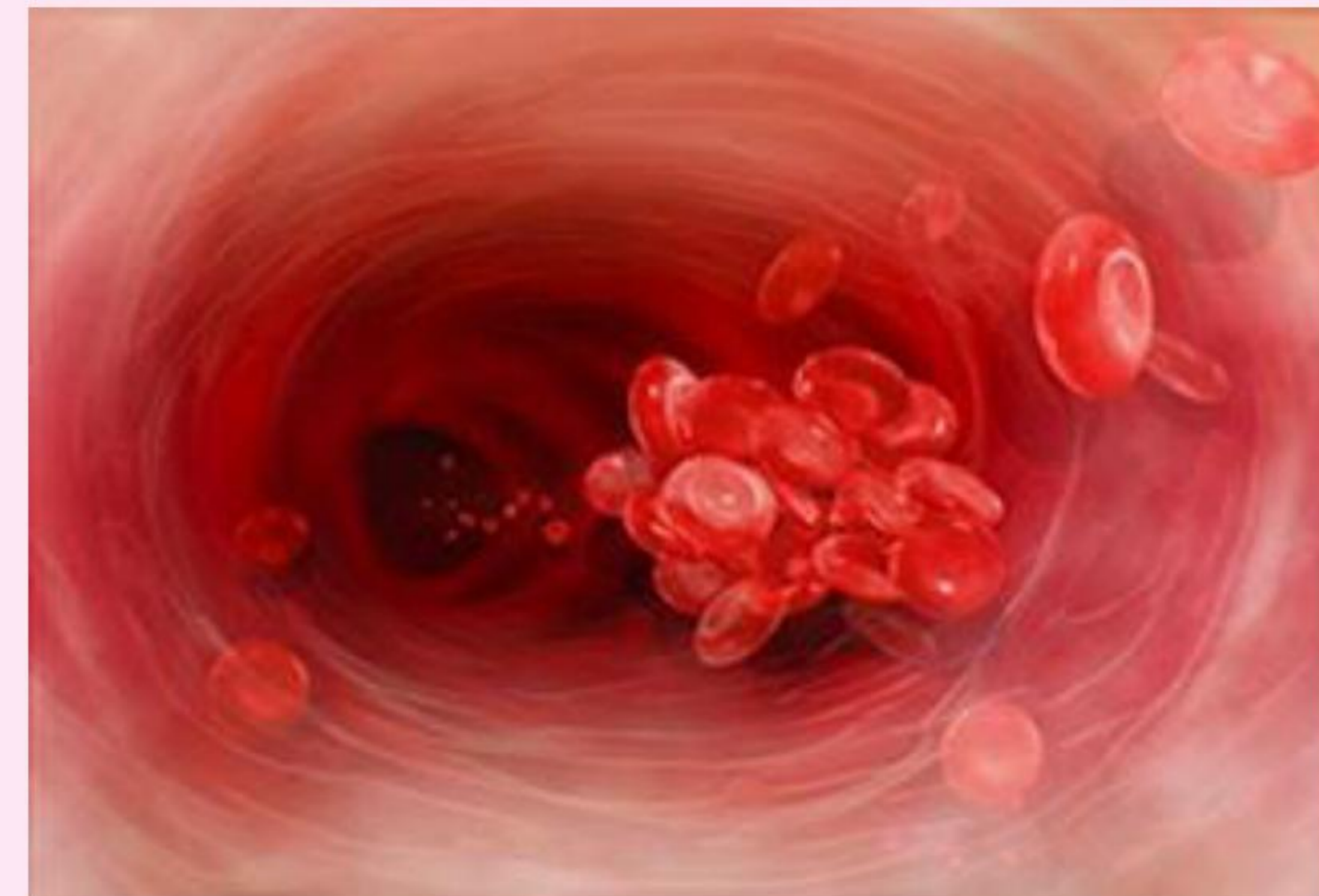
Case report of Heart surgery of the patient with bleeding disorders

HISTORY

A patient 76-year-old with the blood group O + and a history of congenital factor 10 deficiency (36%) without any viral infection, after angiography to diagnose coronary artery disease (CAD) candidate for coronary artery bypass graft surgery (CABGs). He is indicated hypertension (HTN), diabetes and goiter and treatment with atorvastatin tablets, nitrocontine, levothyroxine, metoral, enalapril and glibenclamide. The patient received consultation from the anesthesiologist, pulmonologist, cardiologist, Endocrinologist and hematologist.

PREOP :

The patient has a PTT= 51.8% and PT= 16.4% Based on the heart surgery protocol 20 units of platelets, 6 unit of packed cell and 8 units of plasma were prepared.

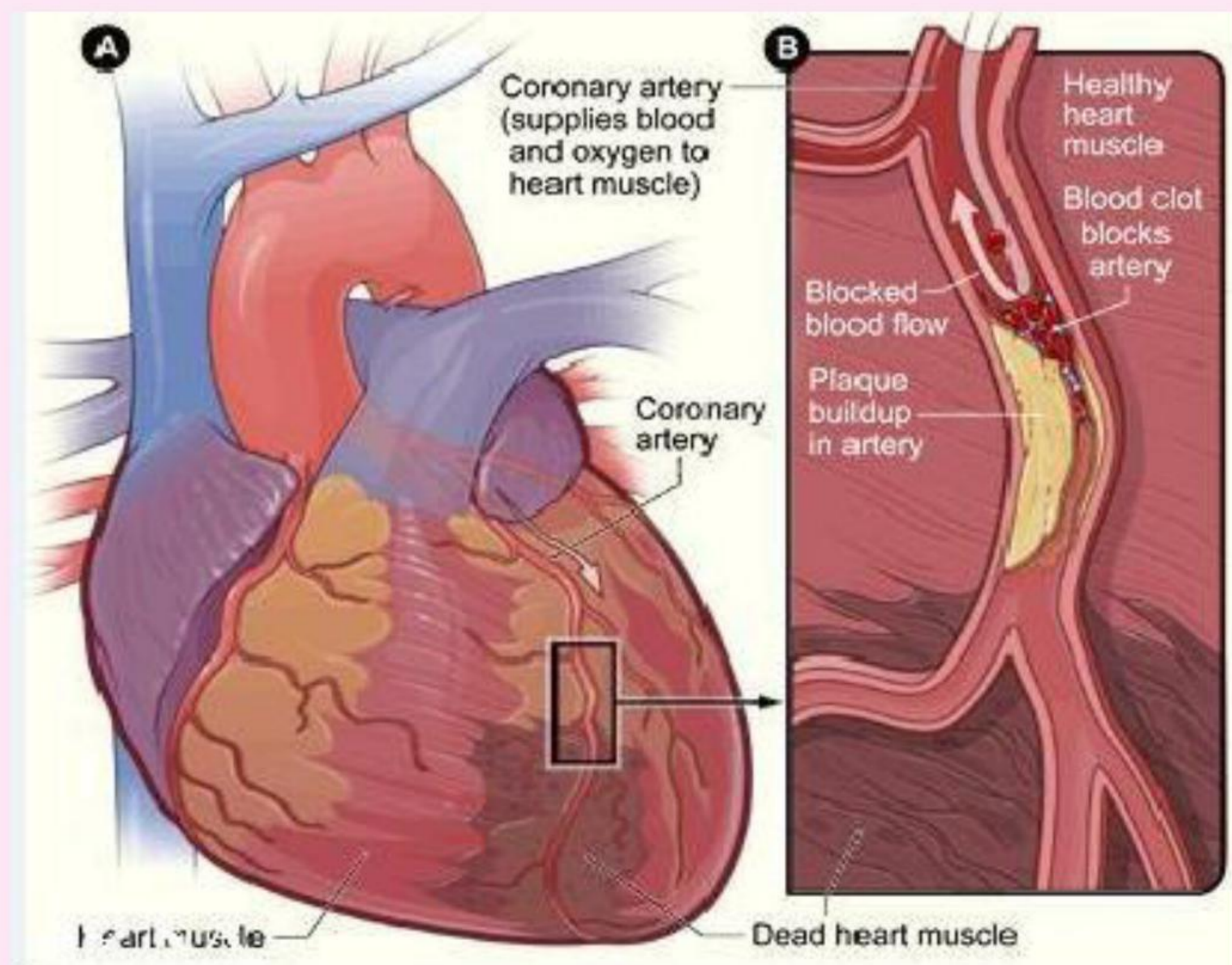


HEMATOLOGIST CONSULT:

- 1- Preparation 20 unit of cryoprecipitate
- 2- One hour before surgery: injection of 200 mg hydrocortisone and 3500 units of FEIBA
- 3- After surgery, daily injection of 2500 IU FEIBA for 3 days and followed by 1500 IU of FEIBA for 4 days plus 1500 mg daily of Amp tranexamic acid was injected from the first after surgery for 5 days
- 4- Daily control of PT _ PTT and CT

IN SURGERY:

During the surgery the patient didn't have abnormal bleeding and was transfused 15 units of cryoprecipitate, 2 units packed cell and 5 units of platelets.



POSTOP

Three days after surgery physiotherapy was started for the patient. On the seventh day the wire less pace maker was removed.

After surgery cefazoline and azithromycin were administered for the prevention of infection. at the same time administration of previous drugs continued. The site of surgery was clean and without bleeding. one day after removal wireless pace maker patient was discharged.

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