Emergency coronary artery bypass grafting: does excessive preoperative anticoagulation increase bleeding complications and transfusion requirements?

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Abstract
Patients requiring urgent surgical revascularization due to unstable coronary artery disease are usually pretreated with multiple antithrombotic drugs. The perioperative risks of this type of treatment were investigated in 123 patients who underwent emergency coronary artery bypass grafting (CABG) at our institution. Eighty-two patients (group A) received heparin and acetylsalicylic acid solely and 41 patients (group B) received additionally ADP-receptor antagonists (82.9%), glycoprotein IIb/IIIa inhibitors (12.2%) or thrombolysis (14.6%) preoperatively. Both groups were similar regarding demographic data and overall clinical status. Preoperative coagulation parameters and intraoperative characteristics were comparable. Blood loss via chest tubes was not significantly different between groups. Transfusion of red blood cells and fresh frozen plasma were slightly, but not significantly increased in group B. Transfusion of pooled platelets was low in general and similar in both groups. Re-exploration rate, medium intensive care unit and hospital stay as well as perioperative mortality were comparable. Excessive antithrombotic pretreatment seems to bear no additional risk in emergency CABG and may be beneficial in this setting.

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