

Conserving blood cuts transfusions in aortic valve surgery

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Image courtesy of Blausen Medical

routine cardiac surgery should be extended to AVR patients," the authors write. "Decreased blood product utilization can be effected in AVR patients by limiting hemodilution, tolerating perioperative anemia, and educating the cardiac surgical care providers on blood management."

More information: [Abstract](#)
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(HealthDay)—A blood conservation strategy (BCS) reduces red blood cell (RBC) transfusions in patients undergoing aortic valve replacement (AVR) without increasing mortality or morbidity, according to research published in the January issue of the *Annals of Thoracic Surgery*.

David W. Yaffee, M.D., of the New York University Langone Medical Center in New York City, and colleagues retrospectively reviewed the records of patients undergoing AVR before (391 patients) and after (387 patients) enactment of BCS at a single institution.

The researchers found that the incidence of RBC transfusion decreased significantly from 82.9 percent in the pre-BCS group to 68.0 percent in the post-BCS group. No difference was observed in the rates of mortality or major complications between the groups. Patients receiving isolated AVR and [minimally invasive surgery](#) also were less likely to have transfusions. RBC transfusion of two or more units on the day of operation was significantly associated with increased mortality, prolonged intubation, postoperative renal failure, and increased incidence of any complication.

"The Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists clinical practice guidelines for blood conservation in

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