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Joel Dunning, Michel Versteegh, Alessandro Fabbri, Alain Pavie, Philippe Kolh, Ulf
Lockowandt, Samer A.M. Nashef and on behalf of the EACTS Audit and Guidelines
Committee

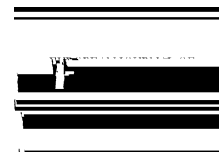
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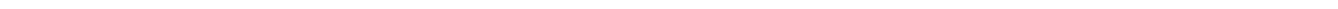
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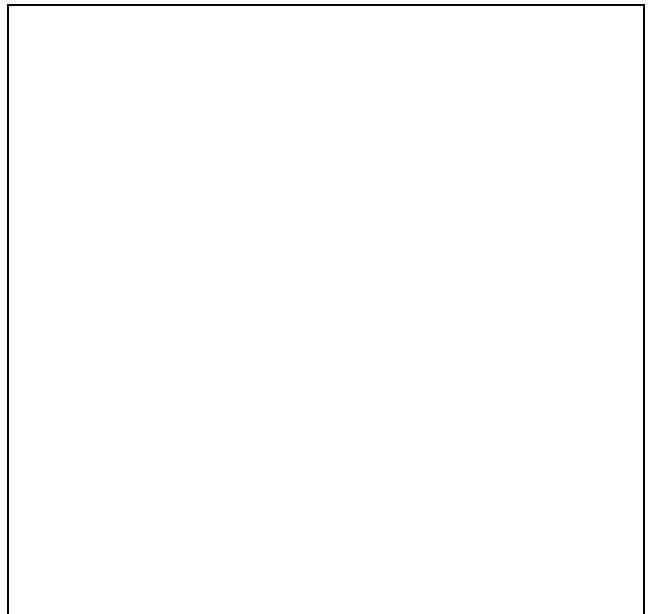
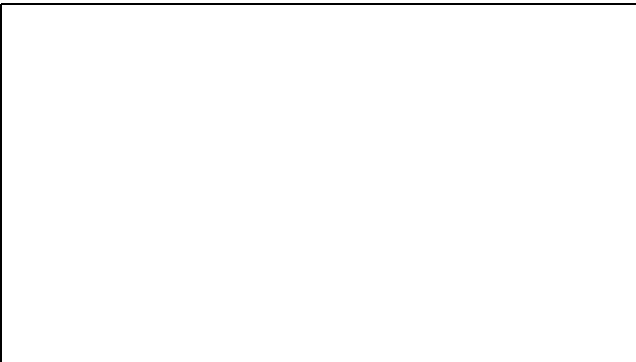
Guideline on antiplatelet and anticoagulation management in cardiac surgery

Joel Dunning^a



ment and treatment of postoperative coagulopathy and

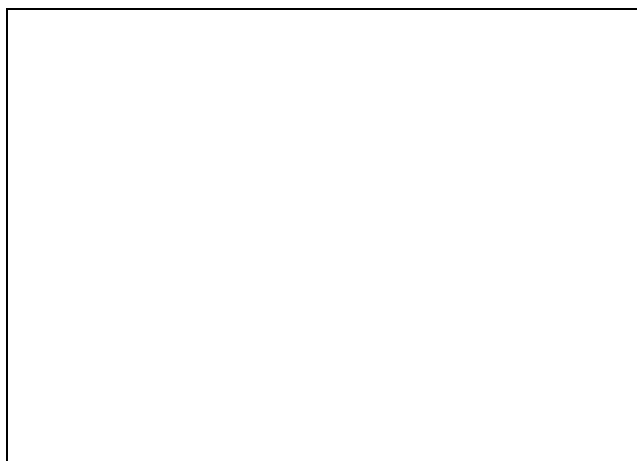
patients versus 6.3% of placebo patients had a major bleeding event. The CURE authors recommend that it is safe for all



6. Perioperative interventions to reduce bleeding

4. The DSMB concluded that continued enrolment of patients into the aprotinin group was unlikely to significantly change the study findings.

This announcement is by the FDA [38] and it is likely that further announcements will be made in the near future as the



that it is not unreasonable to use methods to lower the heparin to protamine ratio at the end of CPB, giving this a grade B level of evidence.

Recommendation:

Hepcon monitoring is associated with higher heparin and lower protamine doses and may decrease activation of the coagulation and inflammatory cascades. Some studies have shown this may decrease postoperative bleeding and blood product requirement. Its routine use is not unreasonable but larger trials are needed to investigate this further.

(Grade B recommendation based on level 1b and 2b studies)

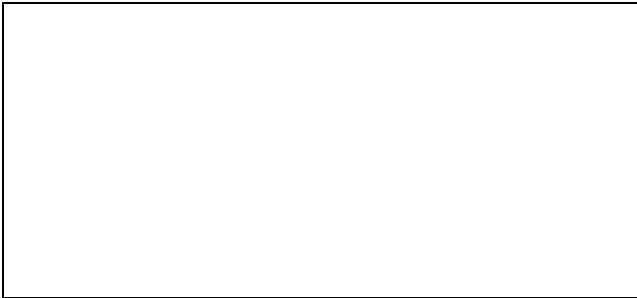
7. Postoperative interventions to reduce bleeding and blood product usage

7.1. Thromboelastography to guide blood and blood product usage

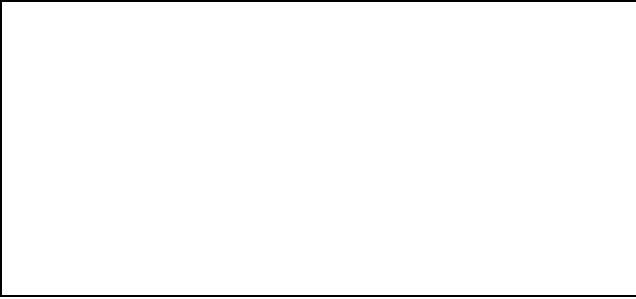
Evidence was sought whether use of thromboelastography (TEG) could predict and decrease bleeding and blood and blood product requirements in adult patients.



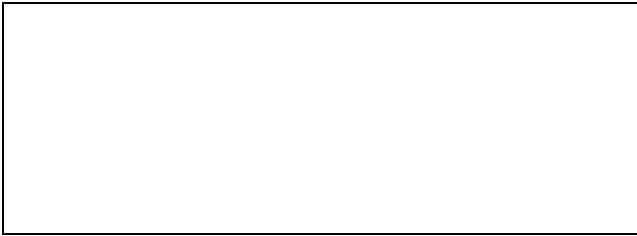
7.2. Is there a protamine anticoagulant effect after cardiac surgery?



The STS guidelines [8] state that it is not unreasonable to



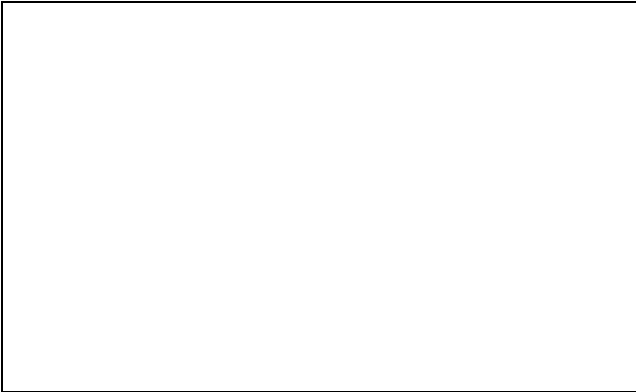
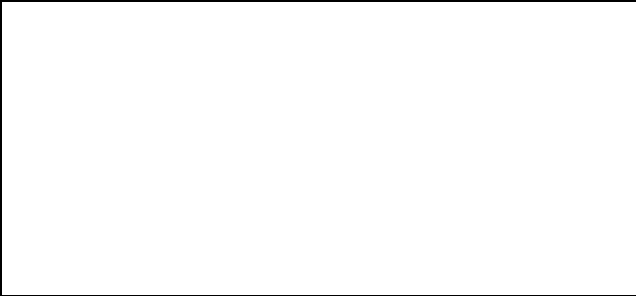
dations, although their levels of stratification according to

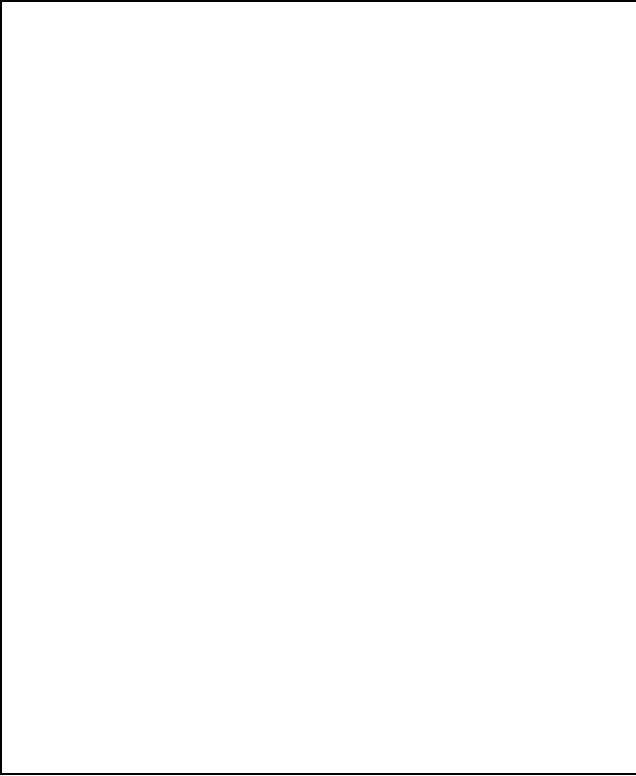


the risk of thromboembolism with a risk ratio of 3.0 after 4-

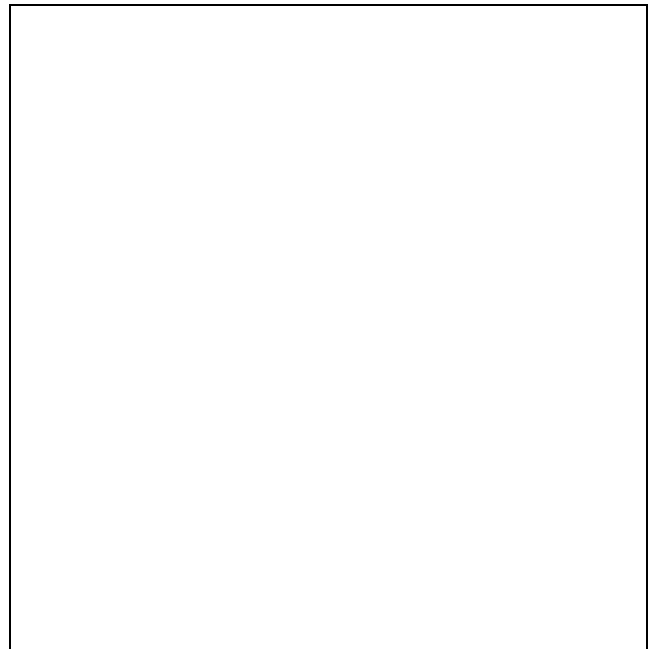


to warfarin but a survey of cardiac surgeons' opinion in North America and Canada showed that cardiac surgeons very much



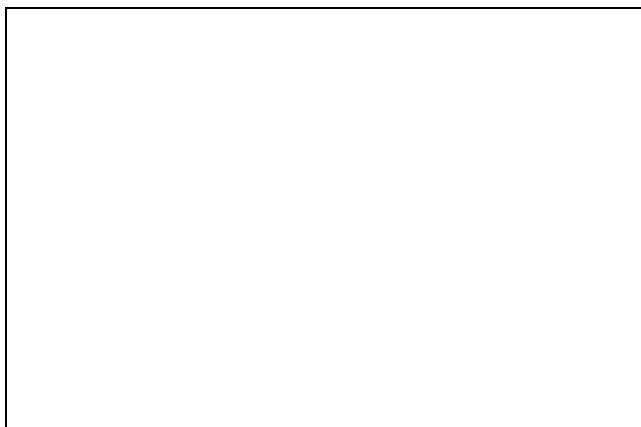


Recommendation:
The incidence of thromboembolism after car-



et al. [165] showed that there was no benefit in giving aspirin if starting more than 48 h postoperatively. No significant increases in postoperative bleeding were shown in any studies.

The 7th ACCP consensus conference on antithrombotic and thrombolytic therapy recommended 75–325 mg of



Recommendation:
Clopidogrel (75 mg) is an acceptable alterna-

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Corrigendum

Corrigendum to “Guideline on antiplatelet and anticoagulation
management in cardiac surgery”

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