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The use of fast-track/ERAS protocol in abdominal surgery in patients with severe haemophilia: way to personalize treatment

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Introduction

Haemophilia's manifestations vary, which requires an individual approach to substitution hemostatic therapy to avoid hemorrhagic and thrombotic complications.

Material & Methods

Mixed study based on an analysis of 45 patients with haemophilia (average age was 53 years) after abdominal operations. For 15 patients scheme of hemostatic therapy has been based on preoperative testing via integrated tests- thromboelastography and thrombodynamics. We use ERAS protocol. Comparison group included 30 patients, hemostatic therapy has been based on standart protocol(World Federation of Haemophilia(2012)Guidelines for the management of haemophilia. 2nd ed.) Recombinant factor VIII\IX concentrates were used.We applied STATISTICA package.

Results

Basing on thromboelastography and thrombodynamics we determined personalized dose of drug, time of first injection, interval between them and duration of hemostatic therapy. 10 of 15 patients were treated according to standart protocol. 5 patients(33%) used original personalized protocols, which reduced doze of drug in 2.1 times. In obedience to ERAS protocol we used scheme of early activation and early enteral nutrition. As a result, reduction of the average duration of hospital stay in 2.3 times has been achieved. Economic benefit was 57.4%. There were neither hemorrhagic nor thrombotic complications.

Conclusion

Our study, based on the fast-track/ERAS protocol and the use of integrated hemostatic tests, allowed in 33% of cases to determine personalized for each patient scheme of substitution hemostatic therapy, thereby diminishing the risk of thrombotic complications, without increasing one of hemorrhagic intra- and postoperative complications, reducing the chance of the occurrence of an inhibitor to clotting factor and decreasing economic costs.

