

ISFAHAN UNIVERSITY OF MEDICAL SCIENCES SCHOOL OF MEDICINE ANESTHESIOLOGY DEPARTMENT

Thesis for obtaining the M.D. Degree

Title:

The Evaluations of frequency distribution heparin resistance during coronary artery bypass graft (CABG) at the Medical Center of Chamran, 2009-2011.

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Abstract

Background: Heparin is one of the most important medication that is used in coronary artery bypass graft (CABG) operations, but some patients demonstrate heparin resistance (HR) during CABG. Heparin resistance was defined as at least one activated clothing time < 400 seconds after heparinization and / or the need for purified antithrombin III (AT-III) administration. The goal of this study was investigation of HR prevalence in our country and relation between HR and post operative CABG complications.

Methods: 100 patients that candidate for CABG were selected and surveyed for HR and complications. The data entered to computer and analyzed by SPSS soft ware. The chi-square and t student tests were used for data analysis.

Results: The prevalence of heparin resistance in our study was 3%. There was no relation among bleeding, cardiac arrest and HR. Bleeding happened in 13 patients that 1 person was in HR group (33.3%) and 12 in non HR group (12.4%) (P = 0.34). Cardiac arrest happened in 8 patients, 1 person was in HR group (33.3%) and 7 in non HR group (7.2%) (P = 0.22). According our data there were no relation among HR and gender and ventilator dependency time.

Conclusions: HR is a nearly prevalent complication among patients that undergone CABG that may be led to some complications such as bleeding and cardiac arrest. In our study we did not find significant relation among them, but in frequency these complications were higher in HR group.

Key words: Heparin, heparin resistance, CABG, heparin complication, bleeding

References:

- 1.Garvin S, Fitzgerald D, Muehlschlegel JD, Perry TE, Fox AA, Shernan SK, et al. Heparin dose response is independent of preoperative antithrombin activity in patients undergoing coronary artery bypass graft surgery using low heparin concentrations. Anesth Analg. 2010 Oct;111(4):856-61.
- 2. Kamath BSK, Fozard JR. Control of heparinization during cardiopulmonary bypass. Experience with the activated clotting time method. *Anaesthesia* 1980;35:250-56
- 3. Soloway HB, Christiansen TW. Heparin anticoagulation during cardiac surgery in AT-III deficient patients. *Am J Clin Pathol* 2000; 73: 723–25.
- 4.Maurin N. Heparin resistance and antithrombin deficiency. Med Klin (Munich). 2009 Jun 15;104(6):441-9.
- 5.Singh AK, Stearns G, Maslow A, Feng WC, Schwartz C. Redo sternotomy for cardiac reoperations using peripheral heparin-bonded cardiopulmonary bypass circuits without systemic heparinization: technique and results. J Cardiothorac Vasc Anesth. 2011 Apr;25(2):347-52.
- 6. Dietrich W, Spannagl M, Schramm W, Vogt W, Barankay A, Richter JA. The influence of preoperative anticoagulation on heparin responseduring cardiopulmonary bypass. *J Thorac CardiovascSurg* 1991; 102: 505–14.
- 7.Bar-Yosef S, Cozart HB, Phillips-Bute B, Mathew JP, Grocott HP. Preoperative low molecular weight heparin reduces heparin responsiveness during cardiac surgery. Can J Anaesth. 2007 Feb;54(2):107-13.

- 8.Santarpino G, Onorati F, Rubino AS, Abdalla K, Caroleo S, Santangelo E, Renzulli A. Preoperative intraaortic balloon pumping improves outcomes for high-risk patients in routine coronary artery bypass graft surgery. Ann Thorac Surg. 2009 Feb;87(2):481-8.
- 9.Marco Ranucci, Giuseppe Isgrò, Anna Cazzaniga, Giorgio Soro. Predictors for heparin resistance in patientsundergoing coronary artery bypass grafting1999; 14: 437–442
- 10. Conard J, LeCompte T, Horellou MH, Cazenave B,Sanama M. AT-III in patients treated with subcutaneous or intravenous heparin. *Thromb Res*1981; 22: 507–11.
- 11.Reingardiene D. Heparin-induced thrombocytopenia. Medicina (Kaunas). 2008;44(9):723-32.
- 12) Denson KE. Ratio of Factor VIII-related antigen and Factor VIII biological activity as an index of hypercoagulability and intravascular clotting. *Thromb Res* 1977; 10: 107–19.
- 13) Mark H, Robert F, Karl J. Heparin resistance after preoperative heparin therapy or intraaortic balloon pumping. **Ann Thorac Surg** 2004;57:1211-1216
- 14) Esposito RA, Culliford AT, Colvin SB, Thomas SJ,Lackner H, Spencer, FC. Heparin resistance during cardiopulmonary bypass: the role of heparin pretreatment. J Thorac Cardiovasc Surg 1983; 85:346–53.