

**SNS COLLEGE OF ALLIED HEALTH SCIENCE**  
Affiliated to The Tamil Nadu Dr MGR Medical University, Chennai



**DEPARTMENT OF CARDIOPULMONARY PERFUSION CARE**  
**TECHNOLOGY**

**COURSE NAME : COMPLICATIONS OF CPB**

**TOPIC : COMPLICATION AND MANAGEMENT ON ANEMIA**

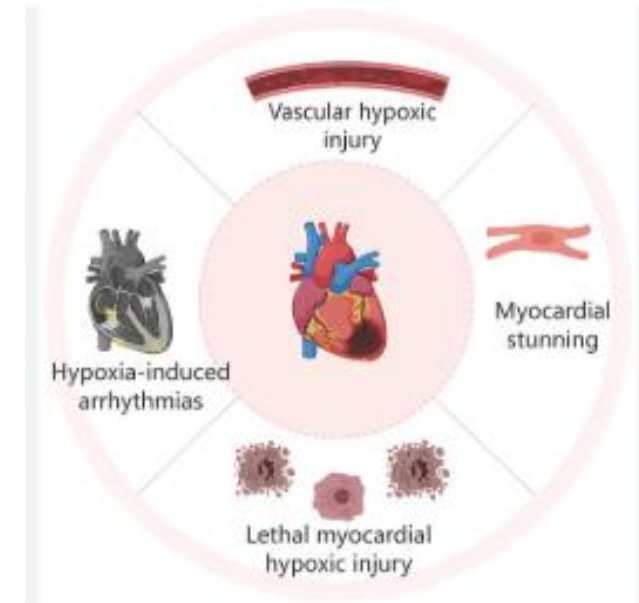
**UNIT : 1**

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# ANEMIA PRE OP RISK

DEFINITION {DEFINE STAGE} :

- **DEFINING THE RISK :**
- Anemia (Hb < 13 g/dL for men; < 12 g/dL for women) is an independent predictor of mortality and morbidity after CPB surgery.
- Increases the risk of Myocardial Ischemia (MI).
- Compromises tissue oxygen delivery DO<sub>2</sub>.
- Leads to higher transfusion rates, increasing AKI and infection risk.
- **\*\*Critical Threshold:\*\*** Hb < 10 g/dL warrants aggressive pre-op treatment



# PRE OP MANAGEMENT STRATEGIES

## Anemia: Iron Supplementation

IV iron (Ferric Carboxymaltose) preferred over oral iron for rapid repletion if surgery is delayed (Hb  $\uparrow$  risk of MI).



## Anemia: ESA Therapy

Erythropoiesis-Stimulating Agents (ESA) for anemia of chronic disease (e.g., CKD), coupled with iron, if timeline allows.



## PVD: Cannulation Site

Axillary or Femoral artery cannulation planned if transesophageal echo (TEE) or CT confirms porcelain aorta or heavy plaque.



## PVD: Antiplatelet Holding

Careful balancing act: Antiplatelets held for bleeding risk, but PVD patients are at high risk of stent thrombosis if present.



## Blood Management Protocol

Type and screen/cross match early. Reserve 2 units PRBCs. Cell Saver machine prepared for all cases.



## Risk Assessment

STS and EuroSCORE II calculated using PVD as a major risk factor to inform patient consent and post-op planning.

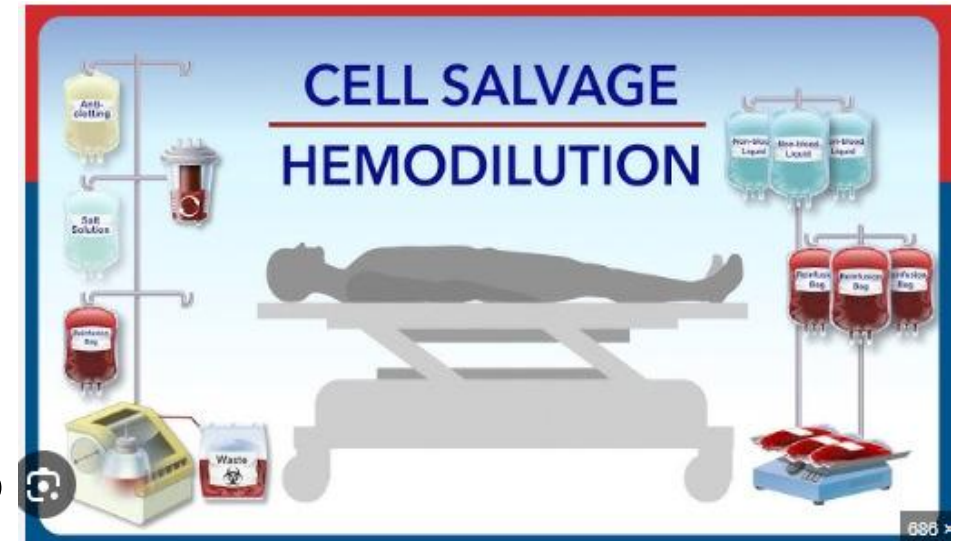
# INTRA OP COMPLICATIONS - ANEMIA

- **\*\*Hemodilution:\*\*** CPB prime drops Hct. Risk of Myocardial/End-Organ Ischemia due to reduced oxygen-carrying capacity.
- **\*\*Transfusion:\*\*** Increased use of banked blood (PRBCs) associated with Acute Lung Injury (TRALI), infection, and coagulopathy.
- **\*\*Hypoxia:\*\*** Critical Hct threshold is 21-24% Below this, the DO<sub>2</sub> deficit can cause anaerobic metabolism.



# INTRA OP MANGEMENT - FOR ANEMIA

- **\*\*Minimize Prime Volume:\*\*** Use smaller circuits or Retrograde Autologous Priming (RAP).
- **\*\*Transfusion Trigger:\*\*** Transfuse PRBCs if Hct is persistently  $< 24\%$  during CPB, especially in high-risk patients (CKD, low EF).
- **\*\*High Flow:\*\*** Maintain CPB flow index  $> 2.2 \{ \text{L/min/m} \}$  to maximize systemic flow despite low Hct.
- **\*\*Cell Saver / Ultrafiltration:\*\***



# POST OP COMPLICATIONS - ANEMIA

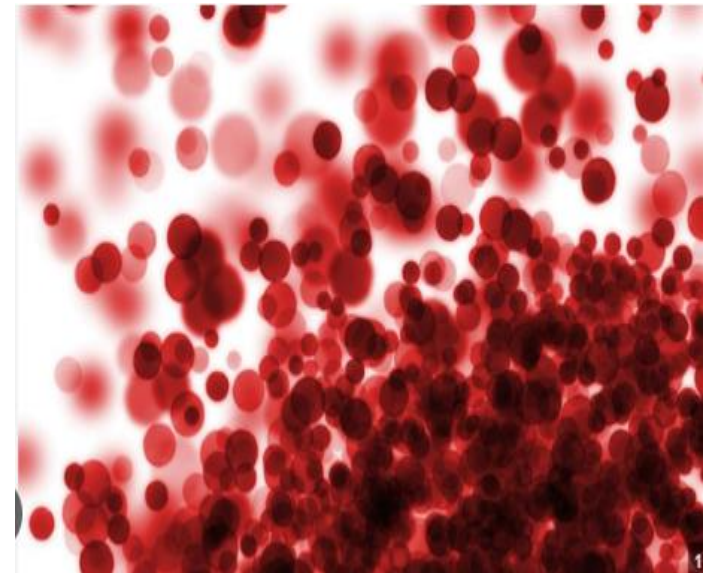
- **\*\*Myocardial Injury:\*\*** Low Hct increases oxygen demand and workload, leading to Post-Op MI (Type II).
- **\*\*Infection & ALI:\*\*** Transfusion is an independent risk factor for post-operative pneumonia and Acute Lung Injury (ALI).





# POST OP MANAGEMT - FOR ANEMIA

- \*\*Restrictive Transfusion:\*\*** Target Hb 7.0 g/dL. Only transfuse above this if there is active bleeding or signs of ischemia/shock.
- \*\*Coagulation Check:\*\*** Correct surgical bleeding and factor deficiencies before transfusing PRBCs or FFP.
- \*\*Restart Iron/ESA:\*\*** Reinstitute IV Iron and ESA therapy early in the recovery phase to correct chronic anemia.



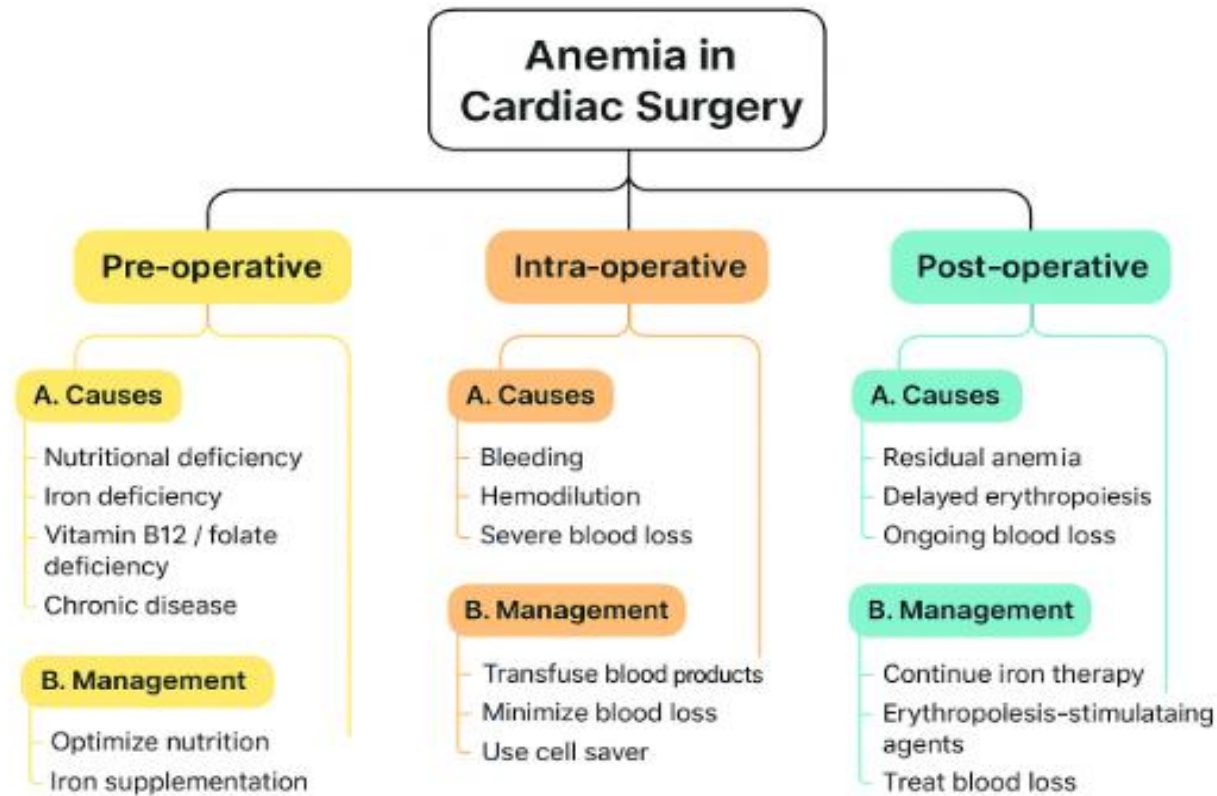
# MANAGEMENT

- Prioritize Perfusion and Oxygen
- Management of the cardiac patient with Anemia and PVD requires a simultaneous focus on maximizing oxygen carrying capacity (anemia management) and ensuring adequate pressure and flow distal to stenotic vessels (PVD management). Continuous, high-target perfusion pressure is the key.





# SUMMARY



# REFERENCE

- <https://www.nhlbi.nih.gov/health/anemia/treatment>
- <https://www.mayoclinic.org/diseases-conditions/anemia/diagnosis-treatment/drc-20351366>
- <https://my.clevelandclinic.org/health/diseases/3929-anemia>
- <https://www.nhm.gov.in/images/pdf/programmes/child-health/guidelines/Control-of-Iron-Deficiency-Anaemia.pdf>

