

CHARACTERISTICS	ISOPURAMIN <sup>®</sup>	RINGER A <sup>®</sup>
PATIENTS	58	55
WEIGHT	77±8 Kg	78±8 Kg
AGE	36±6 years	35±6 years
PARITY	1001 <sub>a</sub>	1001 <sub>a</sub>
PRETERM DELIVERY	3/58 <sub>b</sub>	3/55 <sub>b</sub>
MULTIPLE GESTATION	2/58 <sub>b</sub>	3/55 <sub>b</sub>
PREVIOUS PPH <sub>c</sub>	4/58 <sub>b</sub>	1/55 <sub>b</sub>
PLACENTAR ABNORMALITIES	6/58 <sub>b</sub>	1/55 <sub>b</sub>
COAGULATIVE IMPAIRMENTS	3/58 <sub>b</sub>	1/55 <sub>b</sub>
LEIOMIOMA	8/58 <sub>b</sub>	6/55 <sub>b</sub>
UTERINE ATONY	1/58 <sub>b</sub>	0/55 <sub>b</sub>
MILD PREECLAMPSIA	4/58 <sub>b</sub>	4/55 <sub>b</sub>
FAILURE OF DELIVERY INDUCTION	5/58 <sub>b</sub>	4/55 <sub>b</sub>
MAP <sub>d</sub>	3/58 <sub>2</sub>	1/55 <sub>b</sub>
SPONTANEOUS MISCARRIAGE	17/58 <sub>b</sub>	8/55 <sub>b</sub>
MALPRESENTATION	9/58 <sub>b</sub>	11/55 <sub>b</sub>
FETOPELVIC SPROPOTION	5/58 <sub>b</sub>	2/55 <sub>b</sub>
PREVIOUS CT OR UTERINE SURGERY	43/58 <sub>b</sub>	37/55 <sub>b</sub>

**TAB II. PATIENTS' CHARACTERISTICS**  
<sub>a</sub>0000 = 0 Term deliveries, 0 Preterm deliveries, 0 Miscarriages, 0 Alive children. Ex. 1001.

<sub>b</sub>Numerator = number of cases with specific characteristics, Denominator = numerosness of each studied group.

<sub>c</sub>PPH = Post Partum Hemorrhage

<sub>d</sub>MAP = Medically Assisted Procreation

MEDICATIONS	CASES
OXYTOCIC >15 UI	4/113 <sub>a</sub>
TRANEXAMIC ACID (TXA), COAGULATIVE FACTORS + PC AND PS <sub>b</sub> (CONFIDEX <sup>®</sup> ), FIBRINOGEN (HAEMOCOMPLETTAN <sup>®</sup> )	11/113 <sub>a</sub> TXA TXA+FIBRINOGEN+COAGULATIVE FACTORS
TRANSFUSIONS	1/113 <sub>a</sub> (ONLY 1 BAG OF EC <sub>c</sub> )

**TAB III. USE OF BLOOD PRODUCTS OR REPLACEMENT THERAPY**

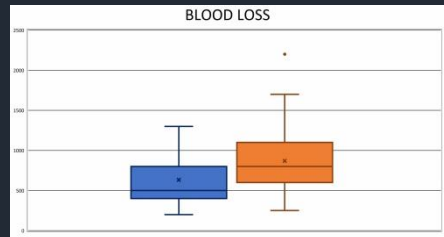
<sub>a</sub>Numerator= number of cases with specific characteristics, Denominator= total numerosness.

<sub>b</sub>PC= Protein C; PS= Protein S. <sub>c</sub>EC= Erythrocytes.

# Effectiveness of preoperative Aminoacids in Obstetrics to reduce blood loss.

## Rationale:

- ↑1°C temperature increasing coagulation activity;
- light hemodilution saving EC.



**BLOOD LOSS**  
 Blue box plot = Aminoacids,  
 Orange box plot = Crystalloids



**BLOOD LOSS DISTRIBUTION**  
 A: AMINOACIDS: Blue slice = ≤ 1000 ml, Orange slice = 1000-1500 ml  
 B: CRYSTALLOIDS: Blue slice = ≤ 1000 ml, Orange slice = 1000-1500 ml, Red slice = > 1500 ml

ISOPURAMIN <sup>®</sup>	RINGER <sup>®</sup>
Δpre-postop Hb=-0,56±0,81 T TEST P value <0,01	Δ pre-postop Hb = -1,23±0,90 T TEST P value <0,01

TAB I  
 Perioperative Hb variation



Take a picture to download the abstract on page 315.

## Preoperative Aminoacids in Obstetrics: Blood Loss Multimodal Prevention, during C-Section: A Prospective Observational Study

Fanzago E., Freiburger M., Nicolosi D., Canicatti M., Cardellino S.

### BACKGROUND:

- Perioperative fluid therapy, better if with colloids, to prevent:
  - hypotension during surgery;
- Aa to prevent shivering and temperature reduction.
  - In Orthopaedics amino acids were effective, moreover to reduce perioperative blood loss.

### MATERIALS AND METHODS:

- 113 patients recruited
  - Undergoing elective or urgent C-section.
  - Receiving before CSEA either :
    1. Hetastarch-Volulyte<sup>®</sup> 1L + Isopuramin<sup>®</sup> 7% 1L, or
    2. Hetastarch -Volulyte<sup>®</sup> 1L + Ringer Acetate<sup>®</sup> 1L.

### RESULTS:

- Firstly in Obstetrics, preoperative amino acids have been used during CSE in CS;
- Blood loss reduction;
- Perioperative Hb and Ht variation reduction;
- Erythrocytes transfusions saving.