

C100. Postoperative Bridging Therapy With Low-molecular-weight-heparin Causes A Higher Rate Of Late Tamponades - Results From A Postoperative Observational Study

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OBJECTIVES: Patients who need oral anticoagulation after cardiac surgery have to be bridged until the target INR is reached. This is normally realized with intravenous unfractionated heparin. The application of subcutaneous weight adapted low molecular weight heparin (LMWH) has the potential of a more reliable anticoagulation, but the effects immediately after cardiac surgery are still unknown. We present the clinical results of a series of patients who had bridging therapy with LMWH postoperatively.

METHODS: Over a period of 6 months all patients with an indication for oral anticoagulation (valve replacement or repair, atrial fibrillation, cardiac tumors) operated in our centre were included. The clinical course was followed for 30 days looking for adverse events like bleeding, rethoracotomy and thrombembolic events. Subcutaneous therapy with LMWH was started at the morning of the first postoperative day given twice a day in a therapeutic dosage.

RESULTS: 482 patients were included in our registry. 31 patients (6.4%) required a rethoracotomy of which 18 (3.7%) were later than postoperative day three with diffuse bleeding. We observed 10 patients with severe neurologic deficits, which were classified as thrombembolic events. Only three of them occurred later postoperatively. No other thrombembolic events were seen.

CONCLUSIONS: Our study showed that postoperative bridging therapy with LMWH may be responsible for a higher rate of late tamponades, probably due to the earlier effective anticoagulation than with unfractionated heparin. Further studies are required to determine, whether a lower dosage of LMWH can reduce the rate of late bleedings with the same safety profile regarding thrombembolic events.