

How I Do It: Reoperation For Mitral Valve Replacement In Jehovah's Witness Patient

BACKGROUND

Patients who refuse to receive blood transfusion for ethical or religious reasons are a major challenge in the context of a second cardiac surgery.

METHODS

We propose a minimally invasive surgical approach associated with the use of an autologous red blood cell reprocessor intraoperatively and postoperatively. Previous treatment of anemia with administration of intravenous iron and vitamin solution was mandatory.

AUTHORS

Evandro C. R. Lopes(1), Cláudio A. César(1), Marco A. de Mello(1), Gustavo B. Perez(2), Priscila H. Maya(1). (1)Cardio Assist, CAMPO GRANDE - MS, Brazil, (2)Servan, CAMPO GRANDE - MS, Brazil.

RESULTS

The patient underwent valve replacement through right axillary thoracotomy. Mechanical mitral prosthesis #29 was implanted. She was extubated in the room and sent to the ICU. The blood reprocessor was used throughout the intraoperative period and remained connected to the drain until the following morning. On the first postoperative day, drains and catheters were removed. She was discharged from the ICU on the second day. On the third postoperative day, with a hemoglobin of 10.5, she was discharged home.

CONCLUSION

The use of a red blood cell reprocessor in the intra and postoperative period associated with minimally invasive procedures greatly reduces blood loss, allowing the safe operation of patients who refuse blood transfusions.



Please, see the video embedded