

A-189 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Persistent Thrombocytopenia in Patients Following Cardiopulmonary Bypass *Andreas Koster, MD; Marian Kukucka, MD; Hermann Kuppe, MD, PhD, Anesthesiology, Deutsches Herzzentrum Berlin, Berlin, Germany.* Of 1860 patients 6.8% had persistent thrombocytopenia. In 1.1% HIT II was diagnosed. No difference was found in platelet aggregometry. Persistent thrombocytopenia post-CPB needs further study.

A-190 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Inflammatory Response Induced by Autologous Blood Transfusion: Comparison between Preoperative Donation and Acute Normovolemic Hemodilution *Yoshifumi Kotake, MD, PhD; Midori Matsumoto, MD, PhD; Hiroshi Morisaki, MD, PhD; Junzo Takeda, MD, PhD, Anesthesiology, Keio University, Shinjuku, Tokyo, Japan.* Plasma inflammatory mediators did not differ between preoperative donation and acute hemodilution.

A-191 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effect of Hypothermia on the Expression of Platelet GP IIb-IIIa and P-Selectin *Sibylle A. Kozek, MD; Michael Felfernig, MD; Josef Stark, MD; Rainer Lenhardt, MD; Edith Fleischmann, MD, Anesthesiology and General Intensive Care, University of Vienna, Vienna, Austria.* Monoclonal antibody PAC-1 is temperature-labile and unreliable for flow cytometric analysis during hypothermia.

A-192 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Comparison between In-Vitro and In-Vivo Coagulation Following HES-Administration Using Rotation Thrombelastography (RoTEG) *Gunther B. Lebmann; Fatima Asskali; Harald Foerster, Inst. for Exp. Anesthesiology, Frankfurt/Main, Germany.* Data of in-vitro thrombelastography should not be used for prognosis of HES interferences with in-vivo coagulation.

A-193 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Tranexamic Acid Reduces Blood Transfusions in Patients Undergoing Total Hip Arthroplasty *Erik Lemay, MD; Joanne Guay, MD, FRCP(c); Michel Girard, MD, FRCP(c); Pierre Drolet, MD, FRCP(c); Yvan Grenier, MD, FRCP(c), Anesthesiology, Maisonneuve-Rosemont Hospital, Montreal, QC.* Tranexamic acid reduced the number of patients who received red blood cell transfusions by 38.4% ($p = 0.026$). There were no detectable DVT.

A-194 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Aprotinin Vs Epsilon Amino Caproic Acid (EACA) in Reoperative Cardiac Surgery *J.M. Marquez, MD; E.K. Heres, MD; B. Ben-David, MD; W. Gil, BS, CCP; G.P. Gravlee, MD, Anesthesiology, Allegheny General Hospital, Pittsburgh, PA, United States.* We found that aprotinin decreased chest tube drainage and platelet transfusion but did not effect PMN elastase when compared to EACA in reoperative cardiac surgery.

A-195 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Oxygen Supply and Demand in Patients Undergoing CABG Surgery Using Intraoperative Autologous Donation with Hemolink™ and Pentastarch *C.D. Mazer, MD; D.C.H. Cheng, MD; S.E. Belo, MD; G. Biro, MD; F.J.L. Carmichael, MD, Department of Anaesthesia, University of Toronto, Toronto, ON, Canada.* Oxygen delivery is well maintained in patients receiving Hemolink™ during CPB for CABG surgery.

A-196 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Intraoperative Leukocyte Reduction of Administered Blood Products and Acute Cellular Rejection after Orthotopic Liver Transplantation *Brian M. Parker, M.D.; Vivek Sabbarwal, M.D.; Zobair Younessi, M.D.; David Vogt, M.D.; J. Michael Henderson, M.D., Department of General Anesthesiology, The Cleveland Clinic Foundation, Cleveland, OH, United States.* Leukocyte reduction of blood given during OLT was performed.

A-197 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effect of In Vivo Hemodilution on Viscoelastic Measures of Coagulation *Evan G. Pivalizza, MBChB, FFASA, Anesthesiology, University of Texas Health Science Center, Houston, TX, United States.* Mild in vivo hemodilution in surgical patients with autologous blood removal (11% EBV) and crystalloid replacement, had no effect on coagulation as measured by the TEG or Sonoclot ($p > 0.1$).

A-198 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
In Vitro Serial Haemodilution with a Balanced Electrolyte Hetastarch Solution (Hexend) and TEG Analysis *Anthony M. Roche, FRCA; Michael P.W. Grocott, FRCA; Michael G. Mythen, MD, FRCA; Michael F.M. James, PhD, FRCA, Department of Anaesthesia, University of Cape Town, Observatory, South Africa.* In vitro blood coagulation effects of haemodilution vary unpredictably with escalating doses of hydroxyethyl starch.

A-199 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Aprotinin Use in Patients Taking Inhibitors of Angiotensin Converting Enzyme (ACEI) *David Royston, MD; Andrea Nadel, PhD; Jerrold Levy, MD; Jane Fitch, MD; Bruce Spiess, MD, Anesthesia, Harefield Hospital, Harefield, Middlesex, United Kingdom.* More inotropes and constrictors were administered when ACEI used. Aprotinin reduced need for both. Aprotinin use did not affect creatinine increase with ACEI.

A-200 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
The Pro-Coagulant Effects of Hemodilution Are Attenuated by Keeping Antithrombin Levels Constant *Thomas G. Ruttmann, MBChB, MMed, FC; Mike F.M. James, MBChB, PhD; Elizabeth H. Lombard, MBChB, MMed(UCT), Anaesthesia, University of Cape Town, Cape Town, Western Cape, South Africa.* Hemodilution induced hypercoagulability is due to lowering of thrombin feedback thresholds, resulting in exponentially increasing thrombin formation.

A-201 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Tranexamic Acid Does Not Reduce Blood Loss and Blood Products Requirement in Aortic Arch Replacement *Hiroshi Sakamoto, M.D.; Takahisa Mayumi, M.D.; Osamu Kemmotsu, M.D., Department of Anesthesia, Hokkaido OHNO Hospital, Sapporo, Hokkaido, Japan.* Tranexamic acid reduces blood loss and blood products requirement in cardiac surgery but not in aortic arch replacement.

A-202 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS)
Multicenter Study on Perioperative Transfusions Requirements in Liver Transplantation *Emmanuel Samain, MD, PhD; Françoise Courtois, MD; Edith Peynaud, MD; Yves Ozier, MD, PhD; The French Study Group, Service of Anesthesiology, Beaujon Hospital, Clichy, France.* This multicenter study allows for identification of factors associated to an increase in red-cells transfusion in liver transplantation.