A-189 Room B, 10/17/2000 2:00 PM - 4:00 PM (PS) Persistant Thrombocytopenia in Patients Following Cardiopulmonary Bypass Andreas Koster, MD; Marian Kukucka, MD; Hermann Kuppe, MD, PbD, 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. Lehmann; 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, Allegbeny General Hospital, Pittsburgh, PA, United States. We found that aprotinin decreased chest tube drainiage 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 Younossi, 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 (Hextend) 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, PbD; 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, MBBCh, 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.; Takabisa 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, PbD; Francoise Courtois, MD; Edith Peynaud, MD; Yves Ozier, MD, PbD; 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.