RECOMBINANT FACTOR VIIA AND COAGULOPATHY DURING CARDIAC SURGERY
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Bleeding after cardiac surgery remains a major potential problem. Numerous pharmacological approaches to attenuating hemostatic system activation in cardiac surgery patients have been studied to further improve patient management. Pharmacological approaches to reduce bleeding and transfusion requirements in cardiac surgery patients are based on either preventing or reversing the defects associated with the CPB- induced coagulopathy.
Aprotinin and lysine analogues (ε-aminocaproic acid and tranexamic acid) have become mainstay therapeutic agents to prevent bleeding and the potential need for allogeneic transfusion. Newer therapies that are important to consider include the potential of recombinant activated factor VII as a therapy for refractory bleeding after cardiac surgery. More recently, a growing number of reports suggests that rFVIIa my also have indications for the treatment of bleeding in patients with other hemostatic disorder, including qualitative and quantitative platelet defects, factor deficiencies other than hemophilia, and in otherwise healthy patients with uncontrollable hemorrhage following surgery or trauma.