

MEETING ABSTRACT

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# Elderly surgical “not transfusable” patients

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## Background

Non transfusable patients' care presents complex ethical, legal and medical problems when their refusal is related to a religious belief. This kind of patient may need both elective and emergency treatment that they generally accept, with the exception of blood transfusion.

## Materials and methods

25 patients were evaluated in our Institution (14 males and 11 females) for curative surgical operations: 8 gall-bladders, 5 ventral median incisional hernias, 7 sigmoid diverticulosis, 5 inguinal hernias. Different intraoperative techniques were analyzed: normovolemic acute hemodilution, use of hemo-recovery device and anaesthesia with controlled hypothermia and hypotension. Patients were monitored for 8 – 10 days.

## Results

Surgical operation was regular and free of complications in all cases. One patient, treated with hypotensive anaesthesia, developed transient hypercapnia immediately corrected by an adequate pulmonary ventilation; 2 patients operated in controlled hypothermia developed a transient hypertensive peak, which was pharmacologically controlled. Postoperative hospital stay was regular and free of complications for all patients, which were discharged after 8-10 days without any evidence of bleeding.

## Conclusions

The most important complication in “non transfusable” patients' operations is bleeding and the impossibility to treat it with blood transfusions. In these conditions, prudent conduct becomes extremely important as well as careful operative and postoperative management with the possibility of particular anaesthetic protocol, the need of close cooperation between surgeon and anaesthetist and valid legal support.

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