

# AUTO- TRANSFUSION

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Auburn Annual Conference October 2024

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## Road Map

- Indications
  - Severe hemorrhagic shock
- Benefits of Shed Blood
- Risks of Shed Blood
- Collection Techniques and Administration



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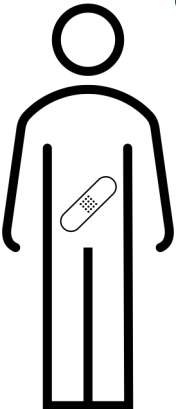


## Indications

- Severe hemorrhagic shock
- Trauma
- Coagulopathy
- Neoplasia
- Surgical hemorrhage

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## Hemorrhage



Class I Hemorrhage: <15% loss

• no intervention

↓

Class II : 15 - 30% loss

• crystalloids

↓

Class III : 31 - 40% loss

• crystalloids + blood

↓

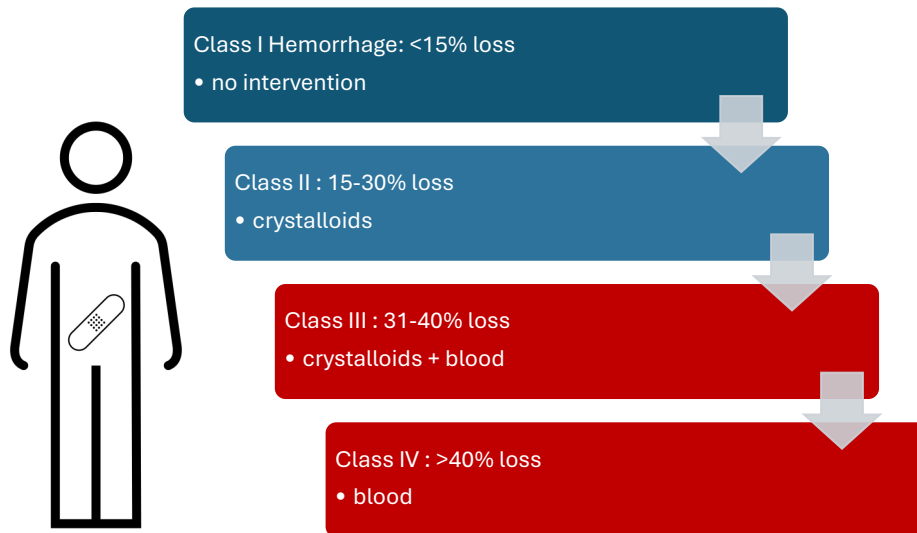
Class IV : > 40% loss

• blood

Edwards TH, Rizzo JA, Pusateri AE., Transfusion, 2021  
American College of Surgeons ATLS 10<sup>th</sup> Edition

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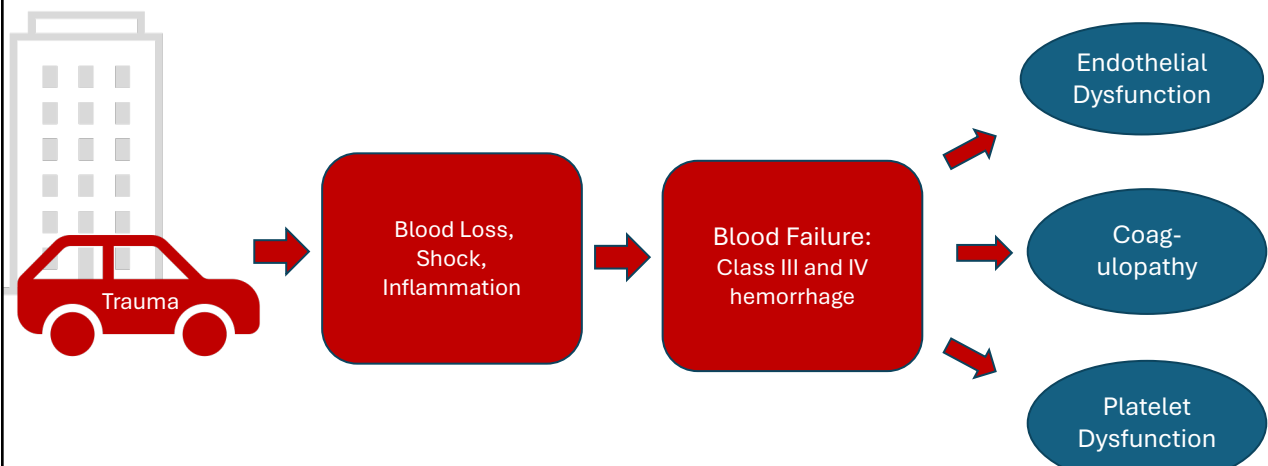
# Hemorrhage



Edwards TH, Rizzo JA, Pusateri AE., Transfusion, 2021  
American College of Surgeons ATLS 10th Edition

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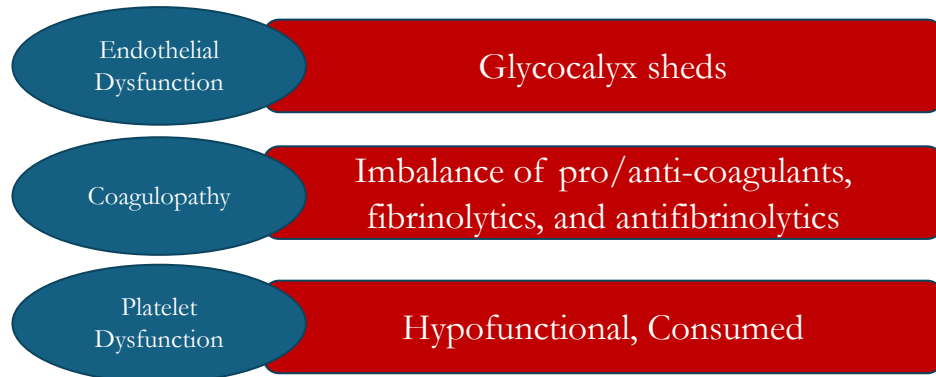
# Blood failure



Edwards TH et al., Transfusion, 2021

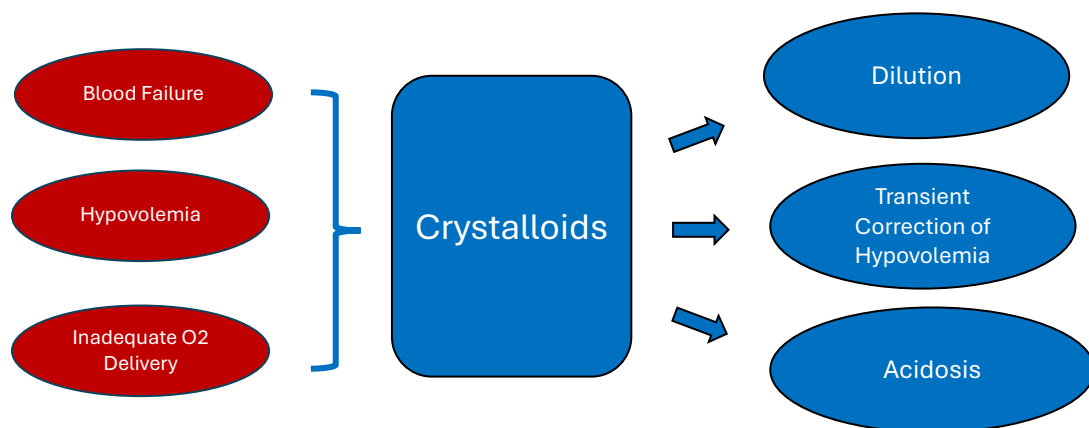
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## Hemorrhage = Blood Failure



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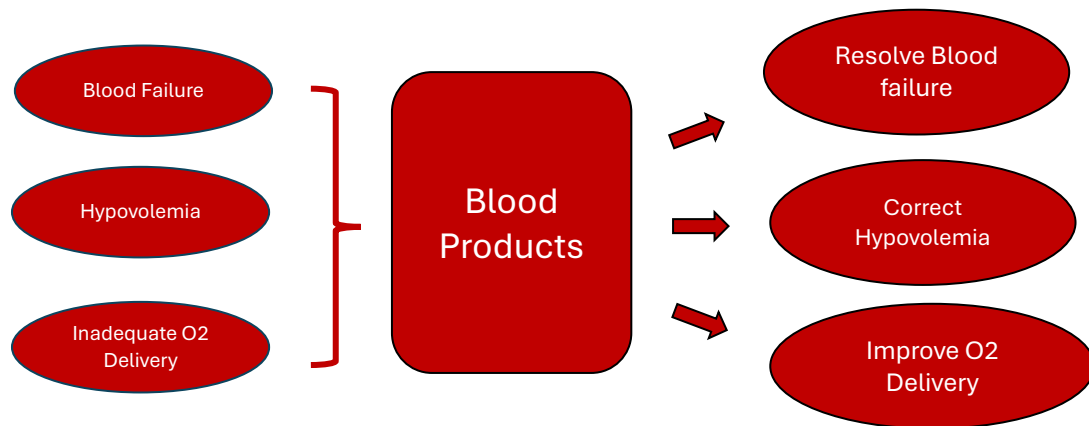
## Crystalloids



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## Blood for Resuscitation



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## Hemostatic Resuscitation

Stop bleeding early: tourniquet, packing, compression

Address hypothermia

Minimize crystalloids

Use blood products to restore volume and O2 carrying

Antifibrinolytics to stabilize clots

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STOP THE BLEED

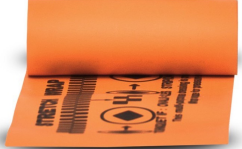
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**The use of a kaolin-based hemostatic dressing to attenuate bleeding in dogs: A series of 4 cases**

Andrea Huther DVM<sup>1</sup> | Thomas H. Edwards DVM, MS, DACVECC<sup>1,2,3</sup> |  
 Ericka L. Jaramillo DVM<sup>1</sup> | James T. Giles III DVM, MS, DACVS<sup>1</sup> | Sarah K. Israel DVM,  
 DACVS<sup>1</sup> | Michael Mison DVM, DACVS<sup>4</sup> | Lisbeth Ambrosius DVM, MS, DACVIM<sup>5</sup> |  
 Teresa Kaiser DVM<sup>5</sup> | Guillaume L. Hoareau DVM, PhD, FCCM, DACVECC, DECVECC<sup>6</sup>







STOP THE BLEED

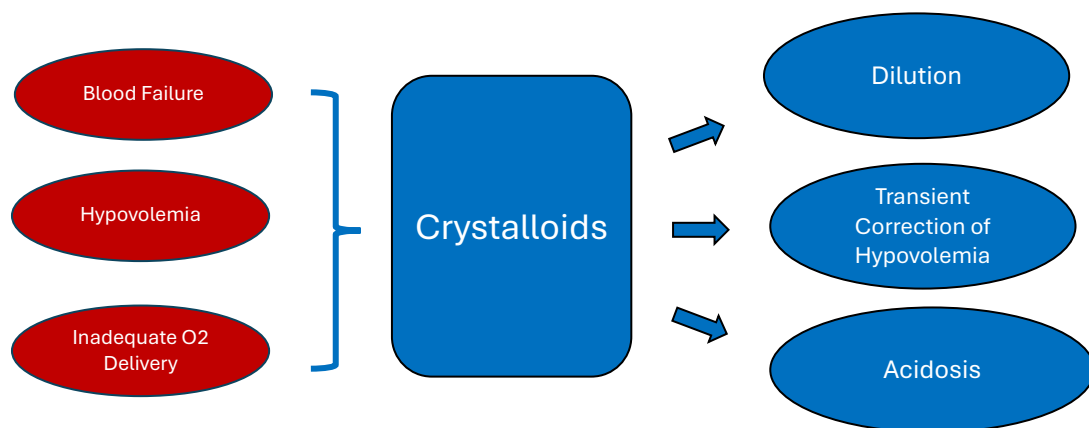
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## ADDRESS HYPOTHERMIA



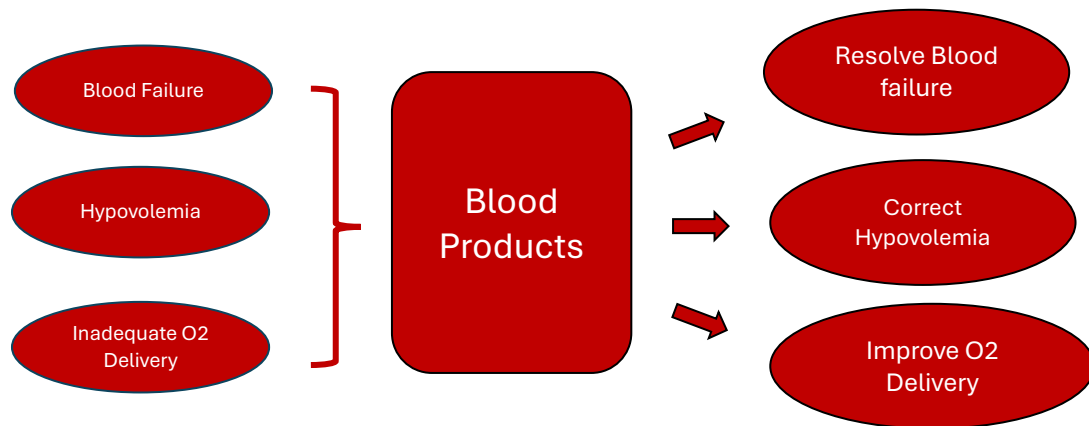
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## Minimize crystalloids



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## Blood for Resuscitation



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## Timing

Delays in balanced blood product resuscitation increases mortality

Early use of pRBC and plasma decreases mortality, particularly with > 20-minute transport times

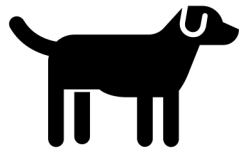
Sperry et al., NEJM. 2018  
Pusateri et al., JAMA Surg. 2020

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Crystalloids, if you must



10 ml/kg

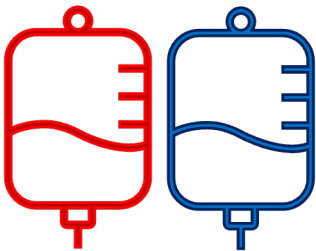


5 ml/kg

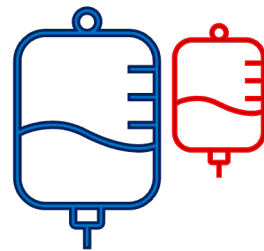


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Crystalloids, if you must



10 ml/kg

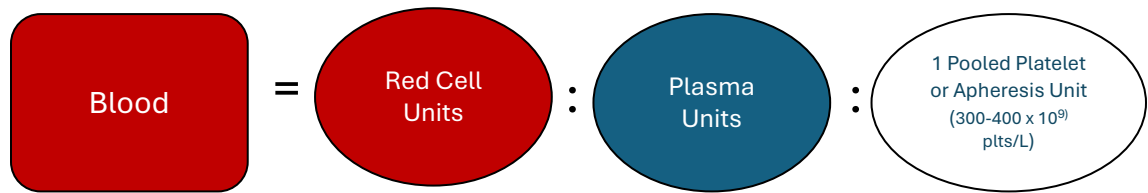


5 ml/kg



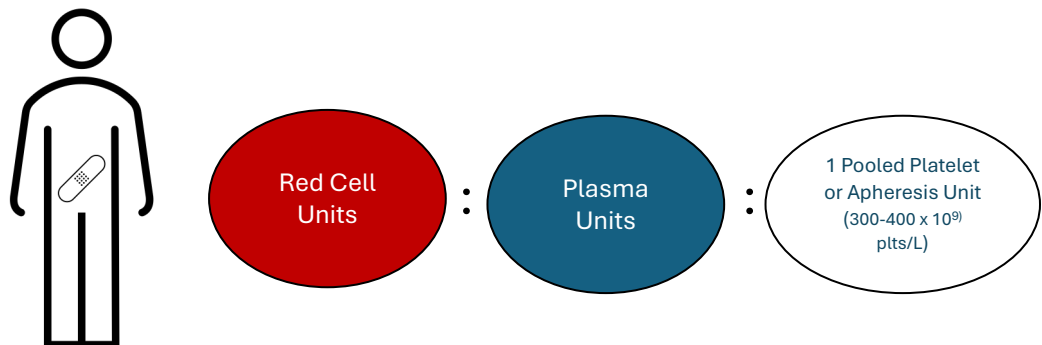
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## Blood for resuscitation



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## Blood for resuscitation

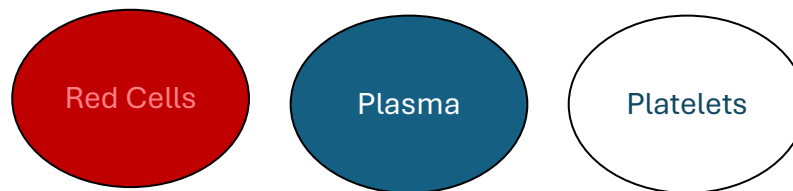


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## Veterinary Products

- Fresh Whole Blood
- Chilled Whole Blood
- pRBC + Plasma + Platelets
- Auto-transfusion + Plasma + Platelets



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### Hemostatic capacity of canine chilled whole blood over time

Thomas H. Edwards DVM, MS, DACVECC<sup>1</sup> | Daniel N. Darlington PhD<sup>1</sup> |  
 Anthony E. Pusateri PhD<sup>1</sup> | Jeffrey D. Keese<sup>1</sup> | Daikor D. Ruiz<sup>1</sup> | Joshua S. Li<sup>1</sup>  
 Jacquelyn S. Parker DVM, MS, DACVS<sup>2</sup> | Andrew P. Cap MS, MD, PhD<sup>1</sup>

- Whole blood in fridge (4° C) for 28 days
- In vitro evaluation of platelet function and hemostasis
- Forms strong clot to day 14 (compared to FWB)
- Maintains hemostatic properties for 21 days



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## Safety profile and impact of low-titer group O whole blood for emergency use in trauma

James Williams, BS, Nicholas Merutka, BS, David Meyer, MD, MS, Yu Bai, MD, PhD, Samuel Prater, MD, Rodolfo Cabrera, BSN, EMT-P, John B. Holcomb, MD, Charles E. Wade, PhD, Joseph D. Love, DO, and Bryan A. Cotton, MD, MPH, Houston, Texas



- Chilled whole blood
  - 53% reduction in blood product transfusion
  - 2-fold increase in survival compared to component therapy

Williams et al., J Trauma Acute Care Surg. 2020

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## Packed RBC + Plasma + Platelets



1:1 Ratio

Platelets on round 2

- platelet concentrate
- platelet rich plasma



Edwards TH, Rizzo JA, Pusateri AE. Transfusion. 2021

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## Shed Blood

- Cavitary Hemorrhage
  - Trauma
  - Coagulopathy
  - Neoplasia
  - Surgery
- Collect and Transfuse
  - RBC
  - Plasma proteins and colloid support



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## Shed Blood: Benefits

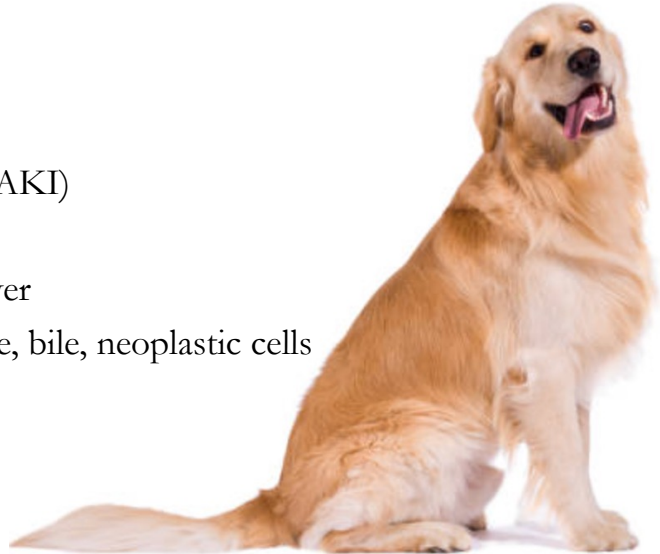
- Warm
- Type Compatible
- Higher 2,3-DPG
- No transmission of infectious disease
- RBC to carry O<sub>2</sub>
- Plasma proteins for oncotic support
- Better than crystalloids



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## Cons

- No platelets
- No clotting factors
- Hemolysis (pigment induced AKI)
- Anti-coagulant properties
- Inflammatory cytokines = fever
- Must screen for bacteria, urine, bile, neoplastic cells

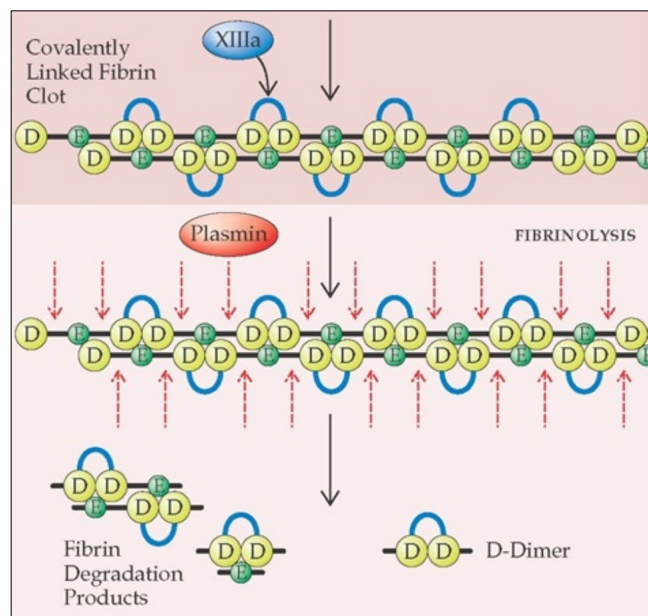


Kongsgaard et al., ACTA, 1993.

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## Defibrinated Blood

- Liquid Blood: no active platelets or clotting factors
- No anti-coagulant needed for collection of cavitory effusion
  - 20 minutes – 1 hour

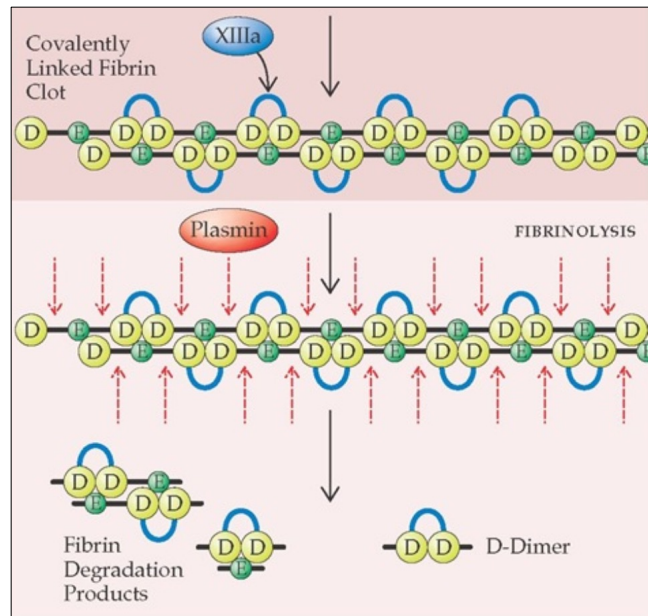


Wu et al., PLOS one. 2020  
Chapin et. Al., Blood Rev, 2015  
<https://www.erbamannheim.com/article/scientific-updates/178>

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## Defibrinated Blood

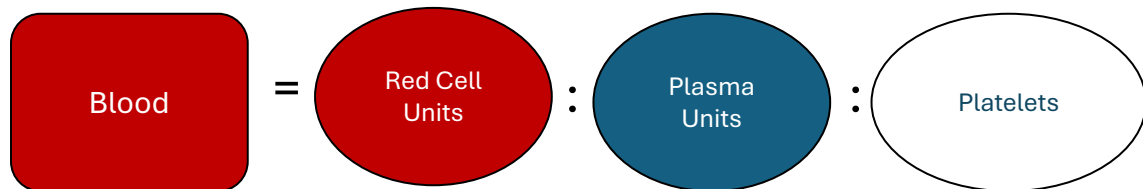
- Auto-transfused blood can lead to coagulopathy
- FDP's prolong clot formation
- Need to combine with FFP to arrest hemorrhage



Wu et al., PLOS one, 2020  
 Chapin et. Al., Blood Rev, 2015  
<https://www.erbamannheim.com/article/scientific-updates/178>

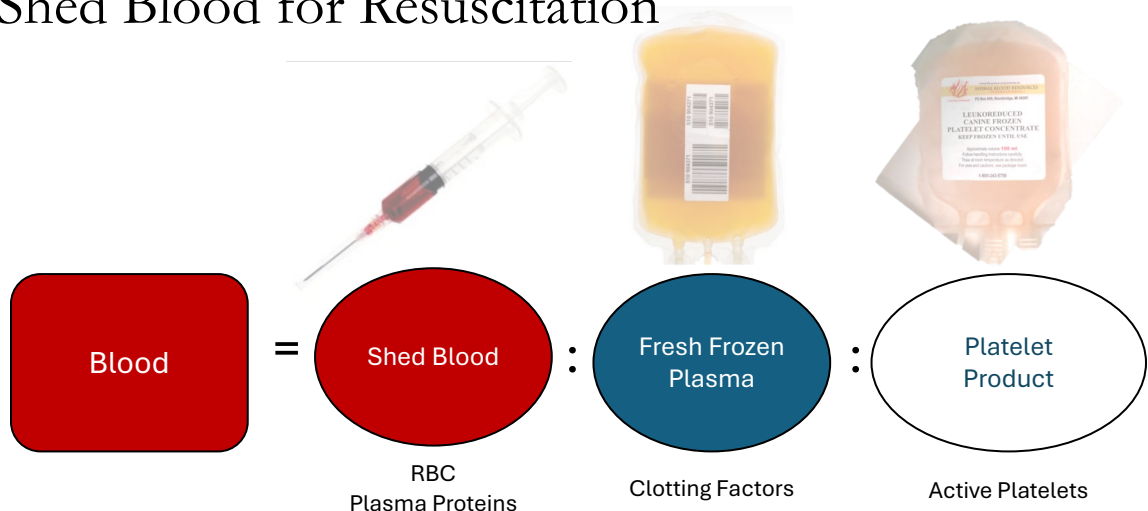
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## Shed Blood for Resuscitation

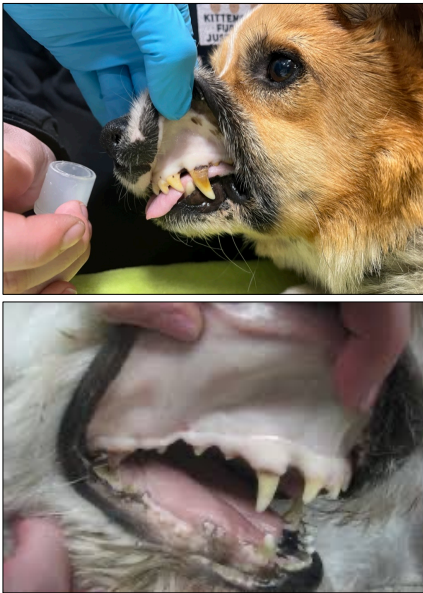


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## Shed Blood for Resuscitation



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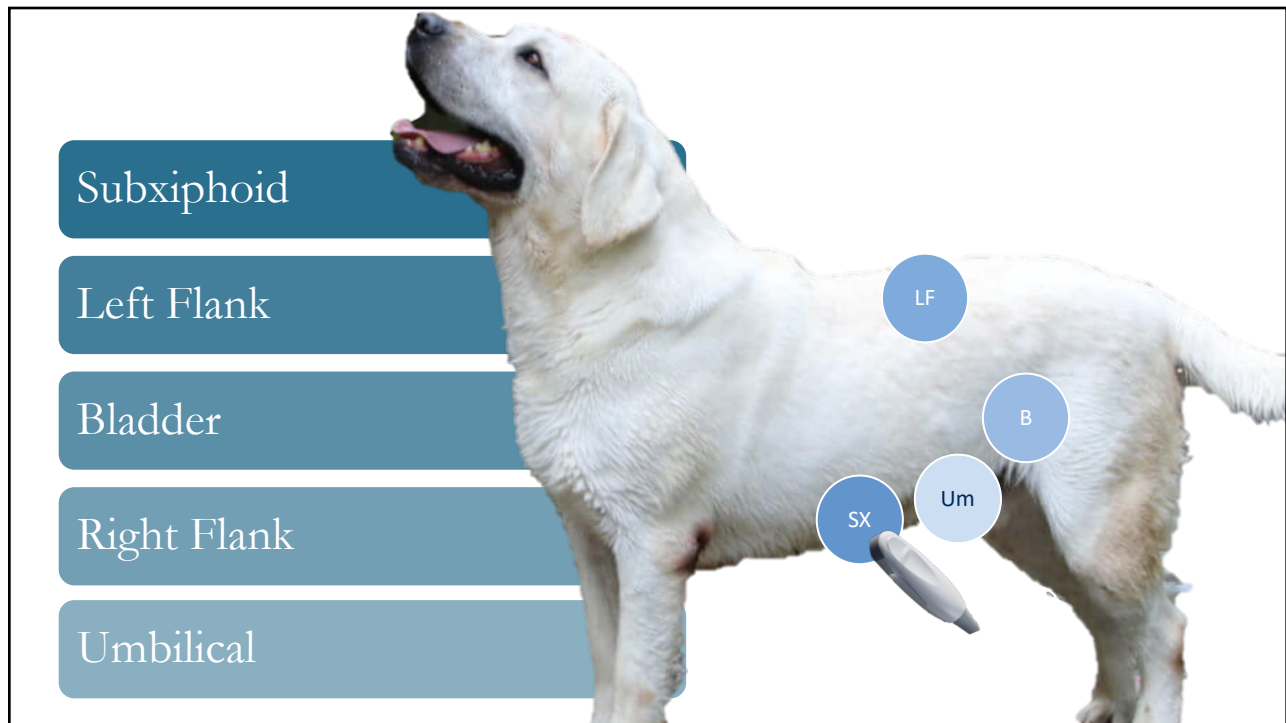
## Diagnosing Cavitory Bleeding

### Perfusion Parameters

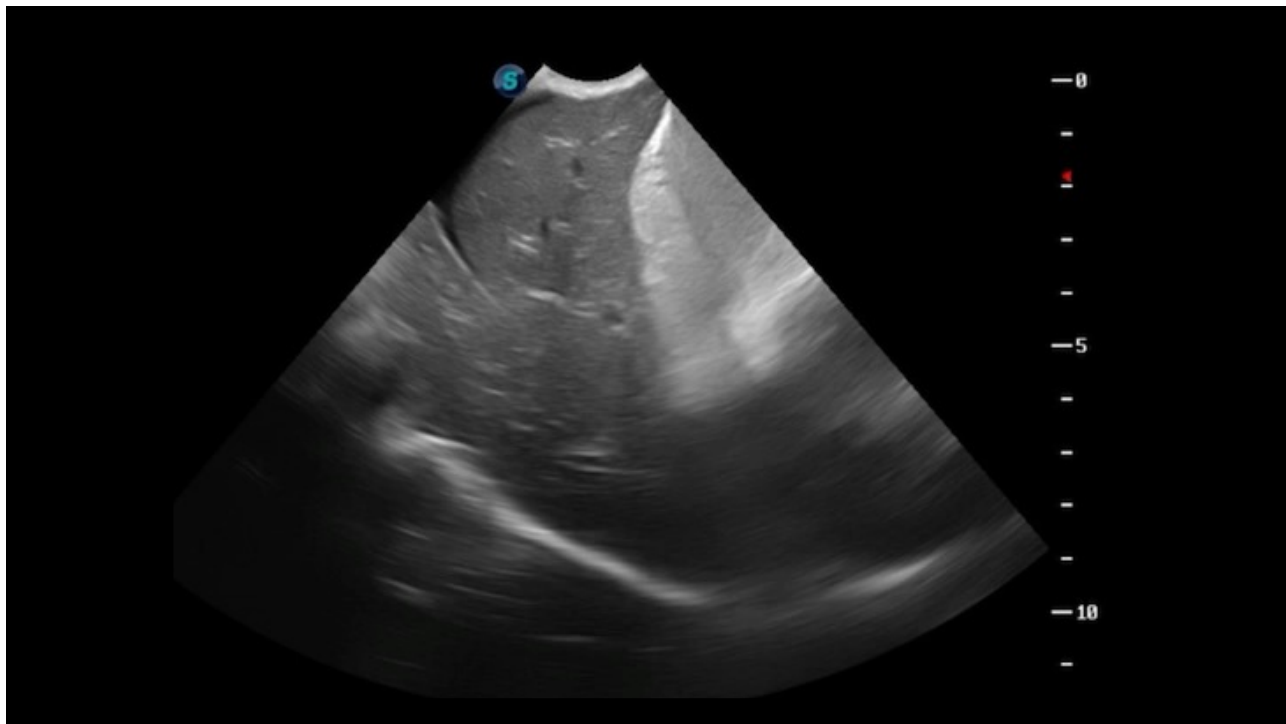
- MM Color/CRT
- Heart Rate
- Pulse Quality
- Limb and Rectal Temp
- Weakness
- Dull mentation

POCUS

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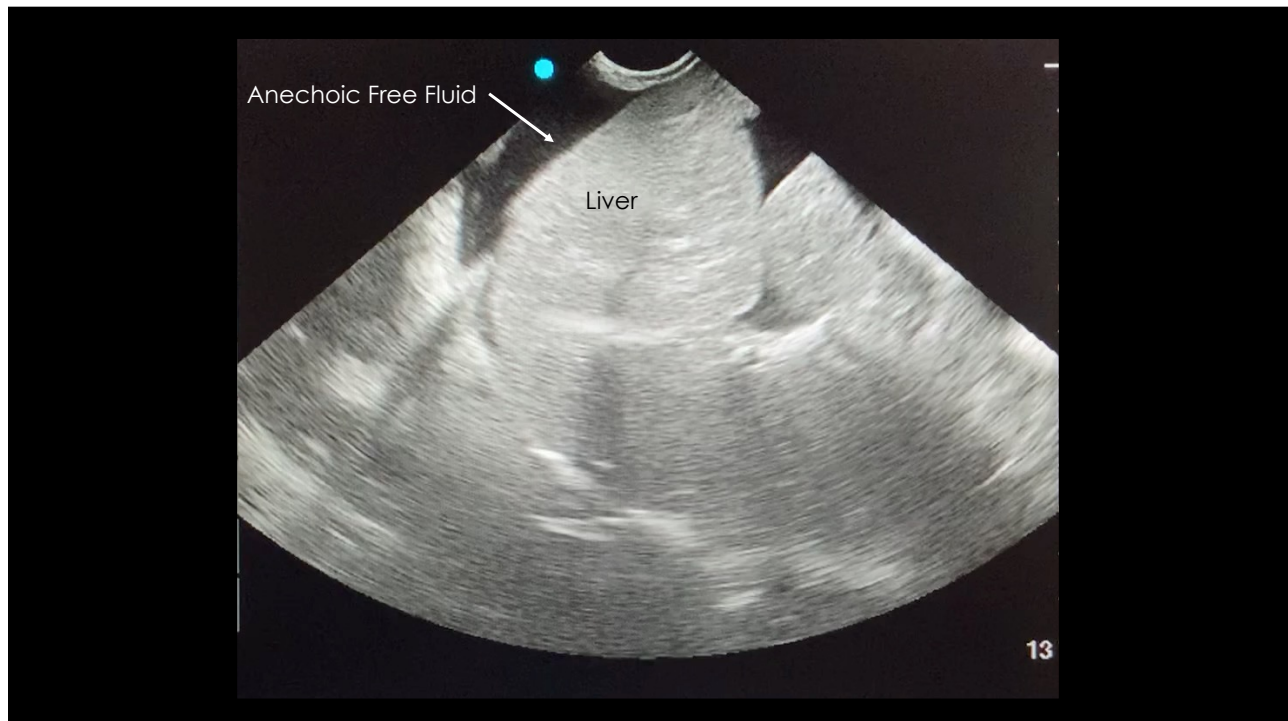


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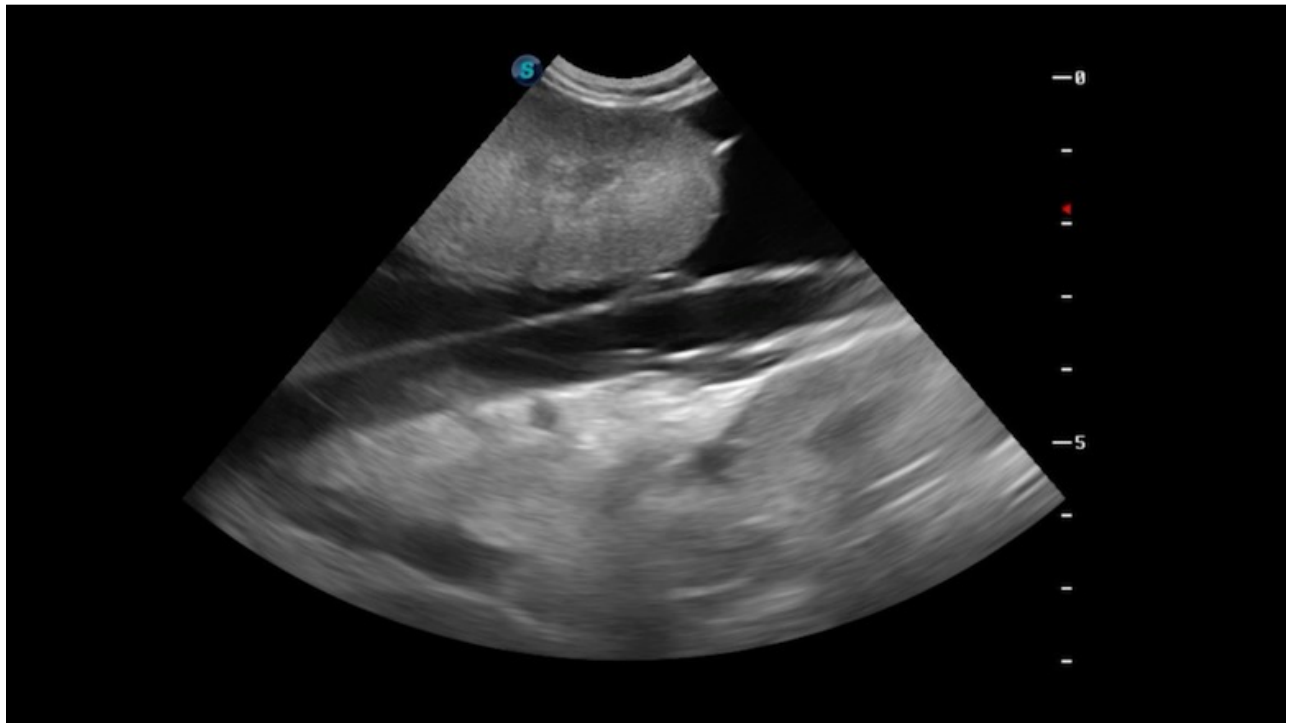




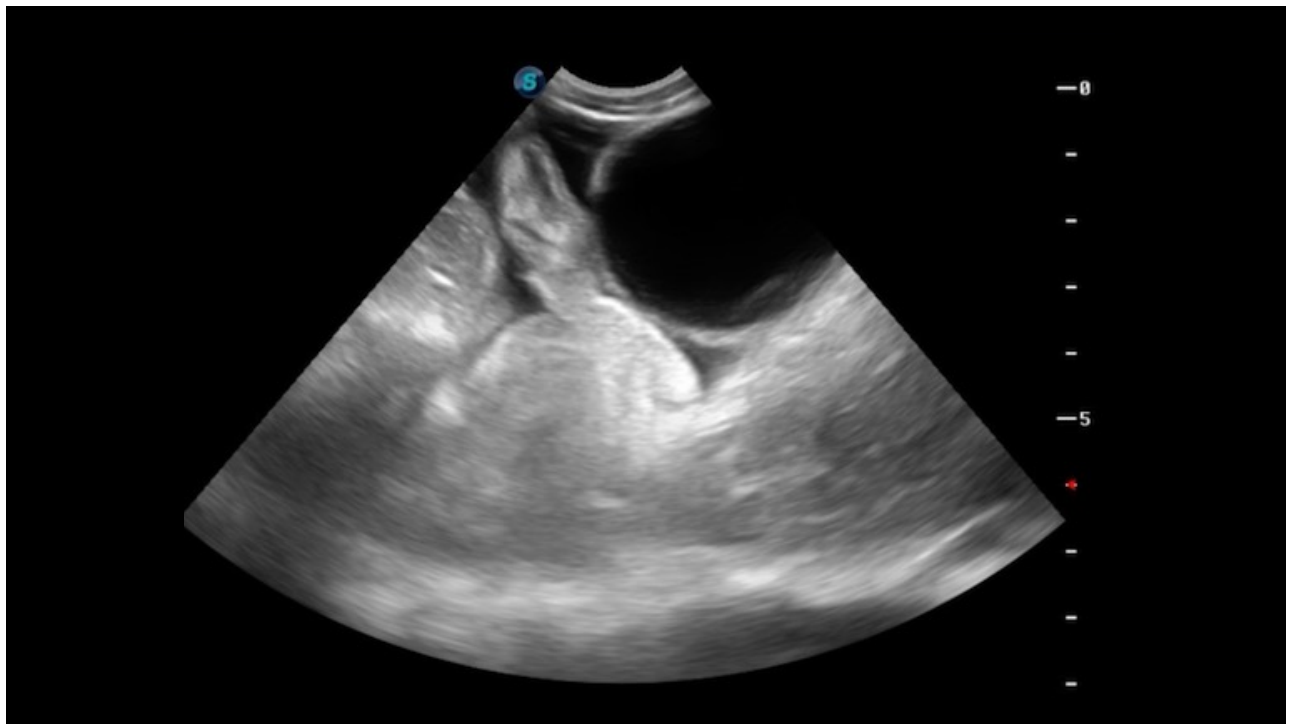
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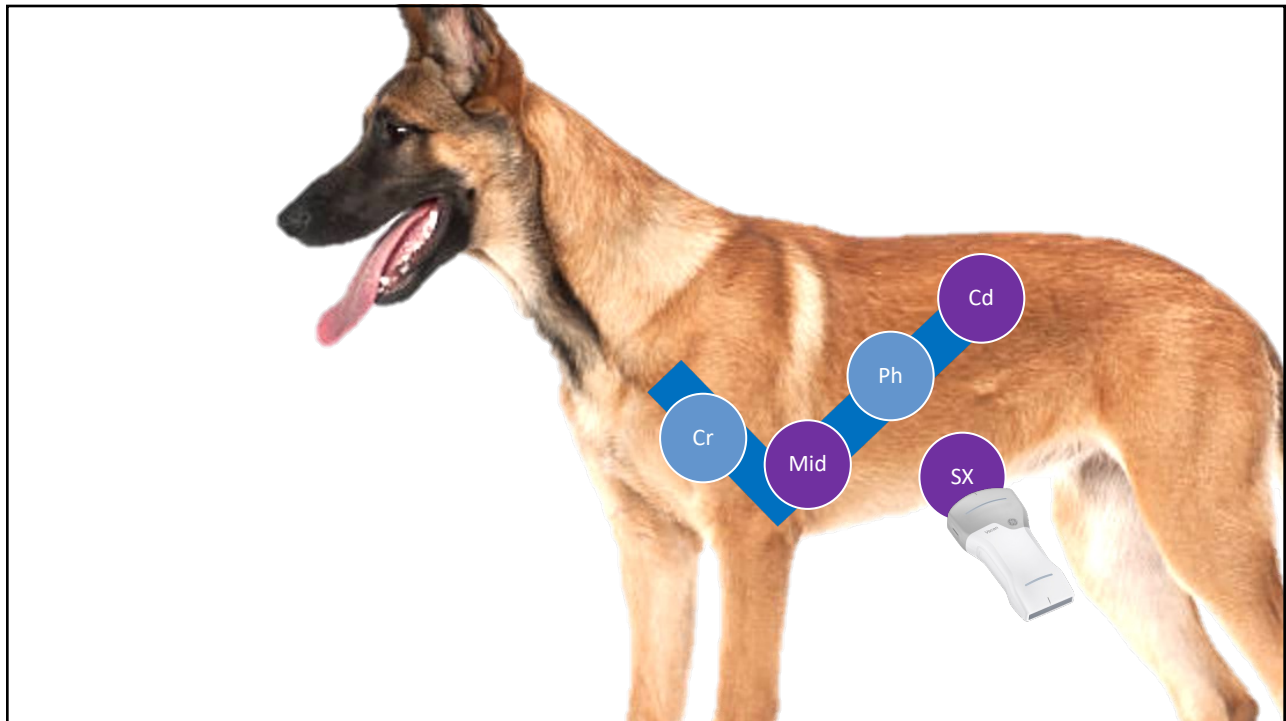


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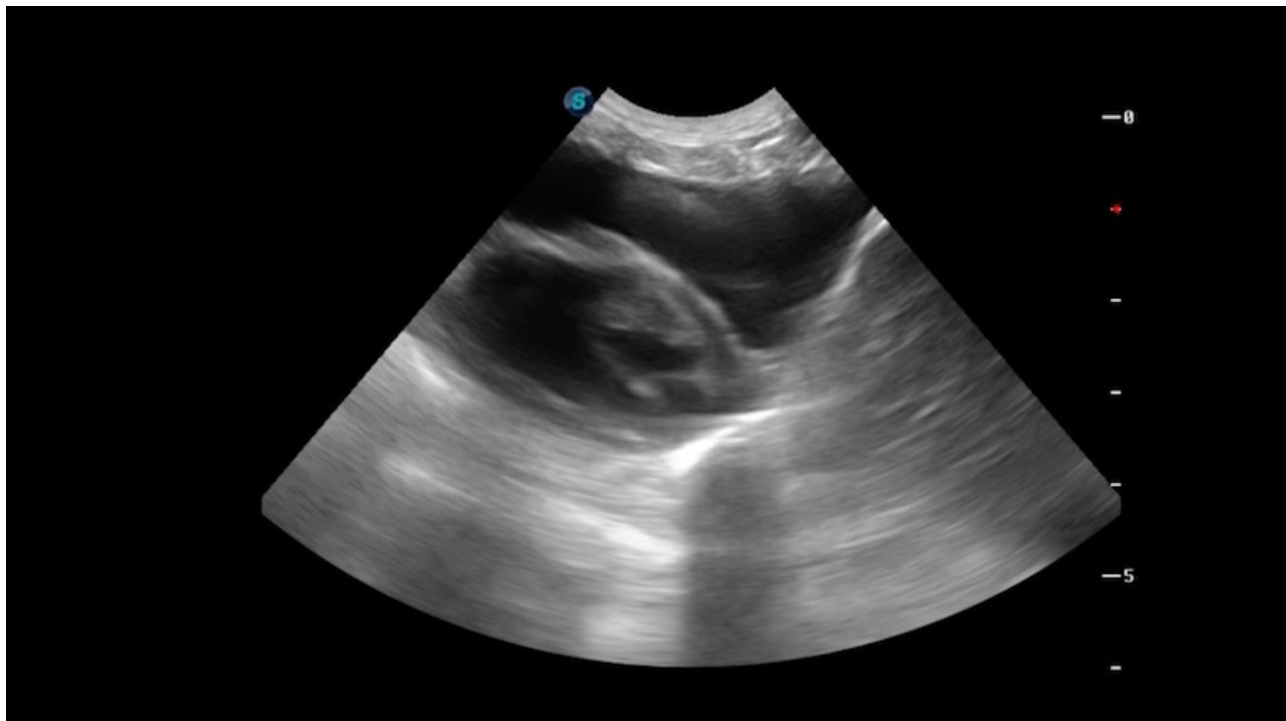


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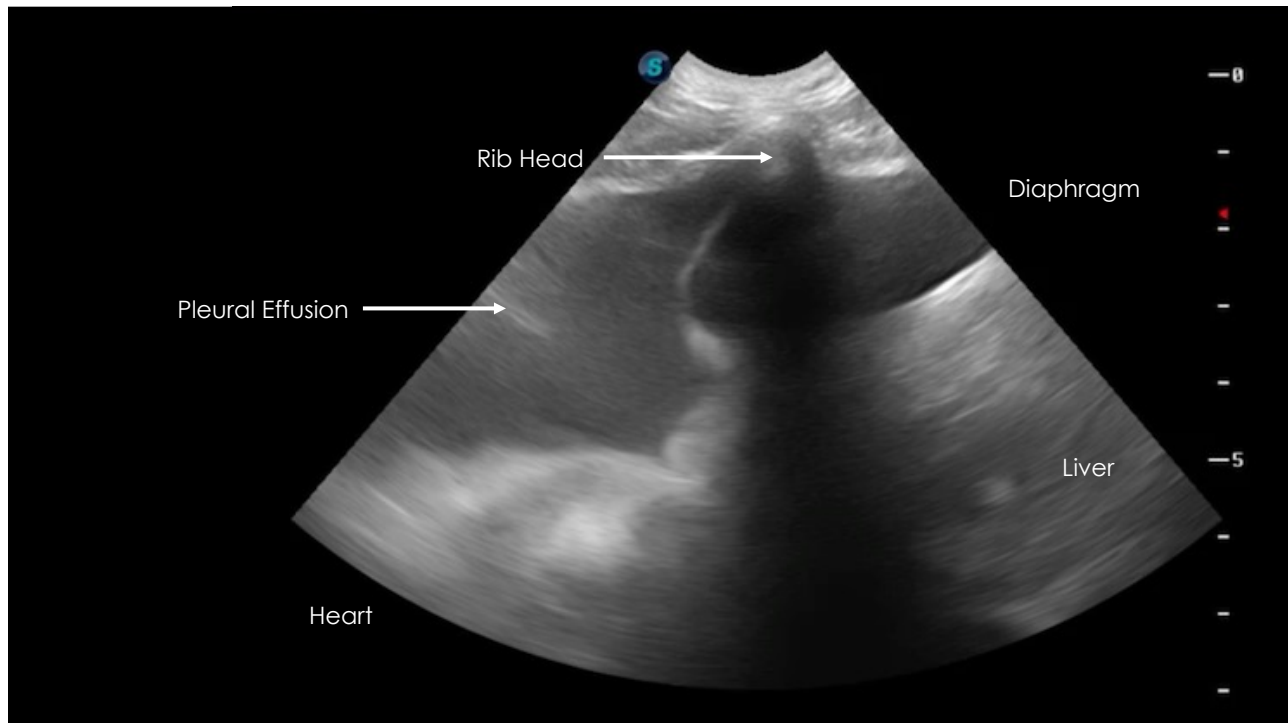




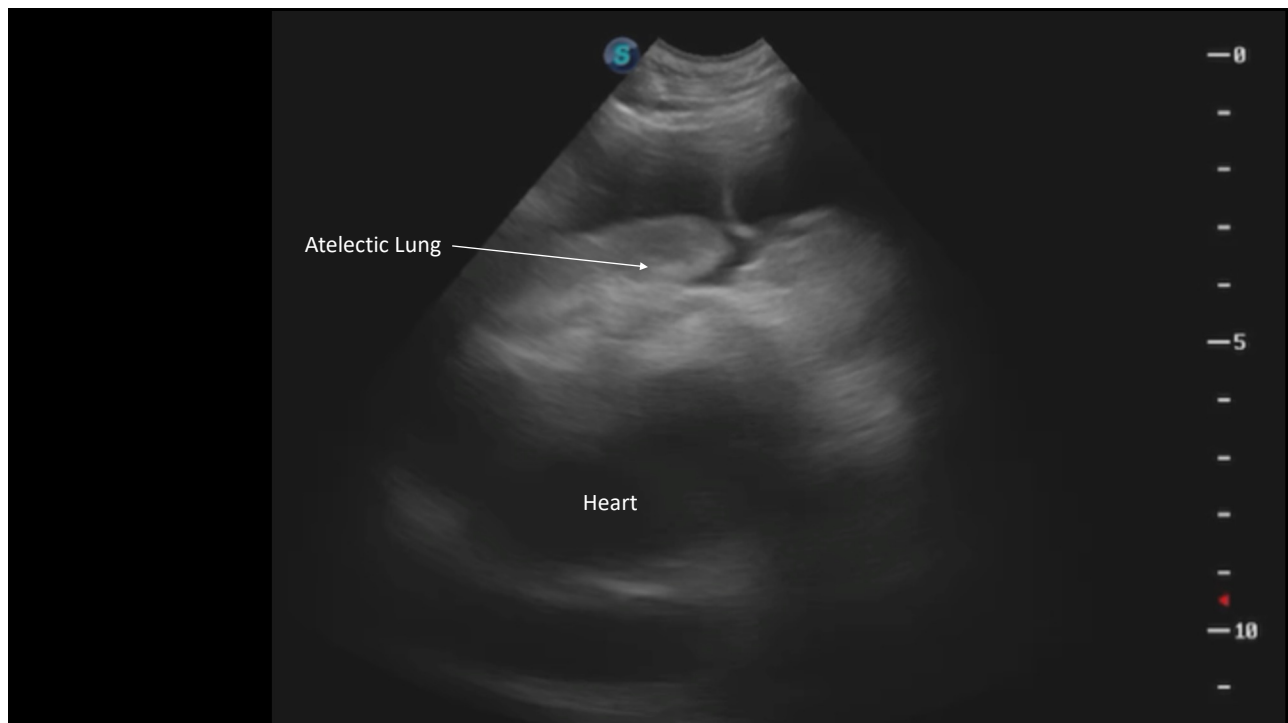
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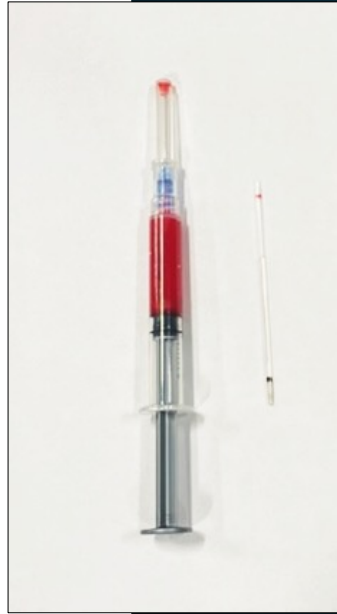
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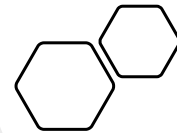
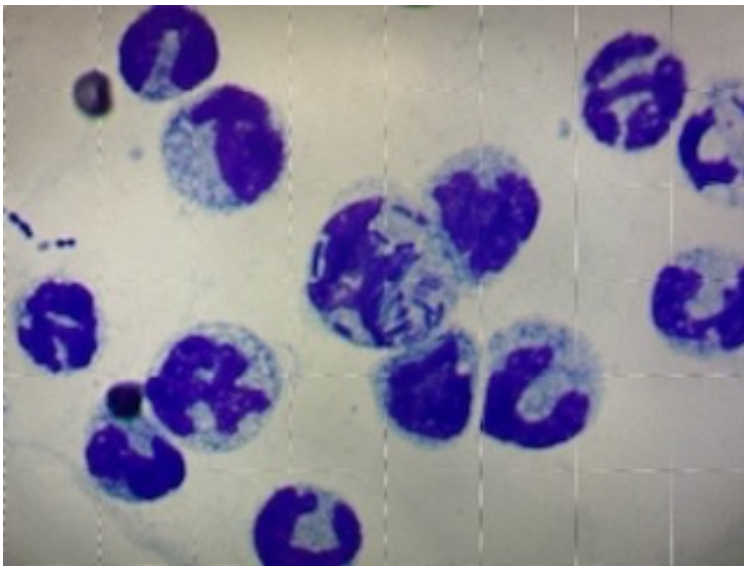
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- Check PCV/TS
  - Actually hemoabdomen?
  - PCV > 10%
- Cytology
  - Screen for bacteria



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## Biochemical Analysis

- Rule out Septic Abdomen
  - Septic suppurative inflammation
  - Serum Glucose at least 20 mg/dL greater than Fluid Glucose
  - Fluid Lactate to Blood Lactate difference > 2mmol/L
- Rule Out Uroabdomen
- Rule out Bile Peritonitis

Levin et al., JAAHA, 2004  
Bonczynski et al., Vet Surg, 2003

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## Biochemical Analysis

- Rule out Septic Abdomen
- Rule Out Uroabdomen
  - Suppurative inflammation
  - Fluid [K+] : Serum [K+] >1.4 (dog) or >1.9 cat
  - Fluid Creatinine : Serum Creatinine > 2
- Rule out Bile Peritonitis

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## Biochemical Analysis

- Rule out Septic Abdomen
- Rule Out Uroabdomen
- Rule out Bile Peritonitis
  - Suppurative inflammation with bile crystals
  - Fluid bilirubin : Serum Bilirubin  $> 2$

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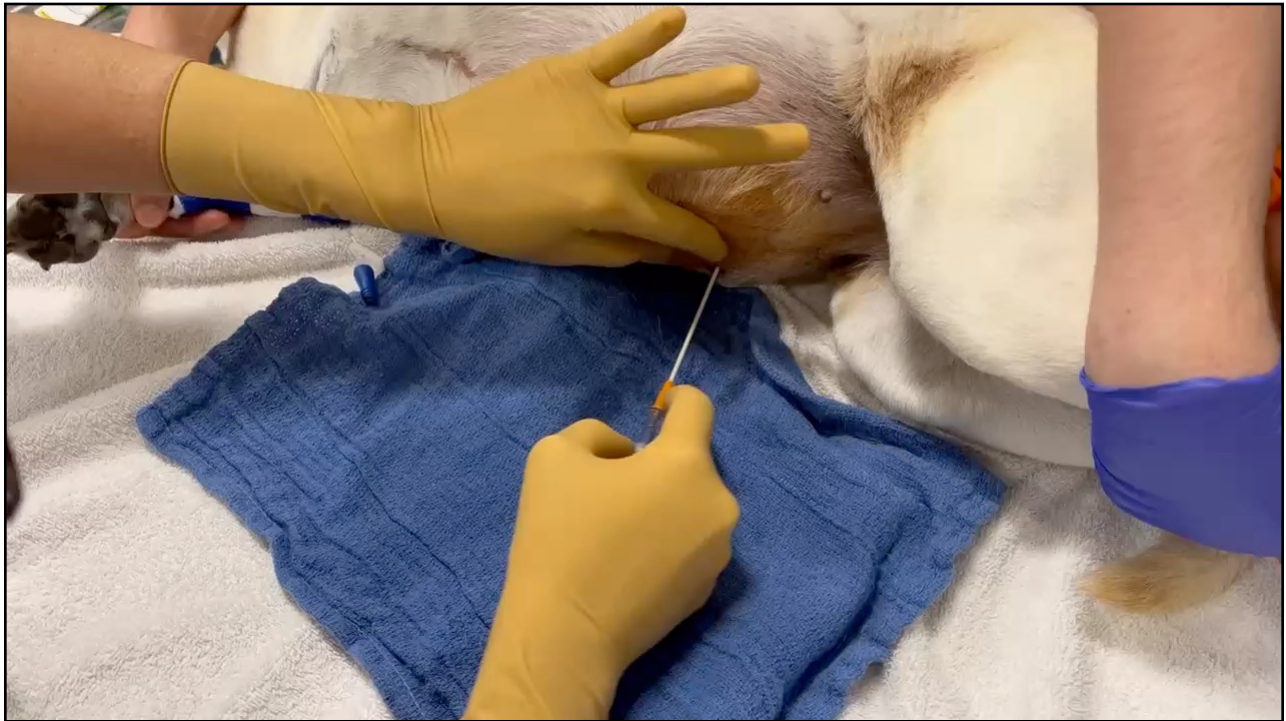


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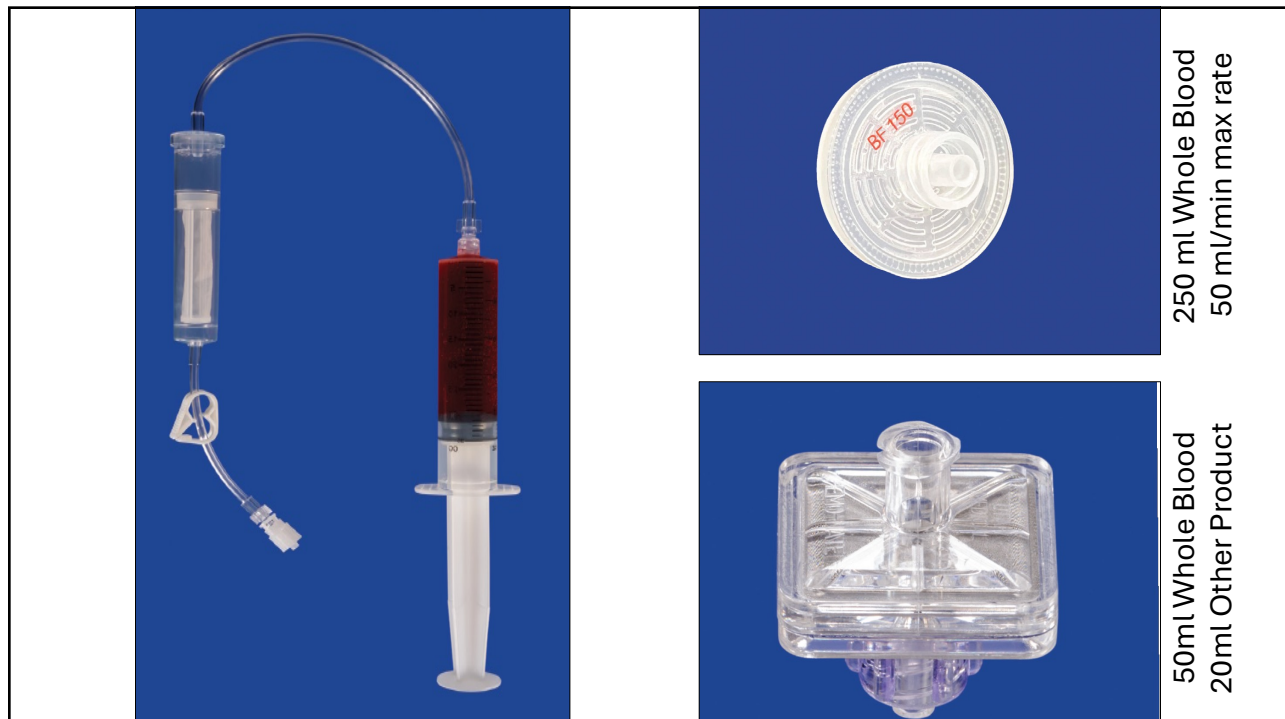
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# Blood Administration

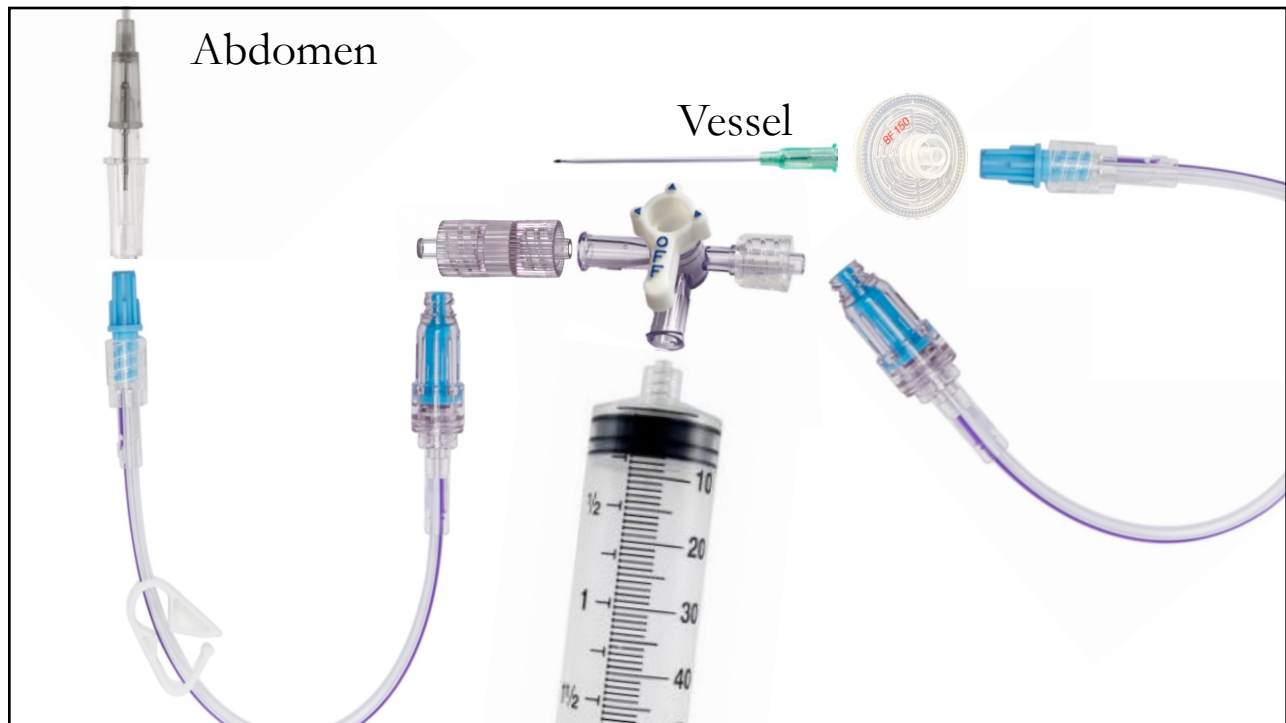
- Rate
  - Bolus to normalize perfusion parameters
- Return blood through a filter
  - Fibrin
  - Clots
  - Debris from collection (hair)



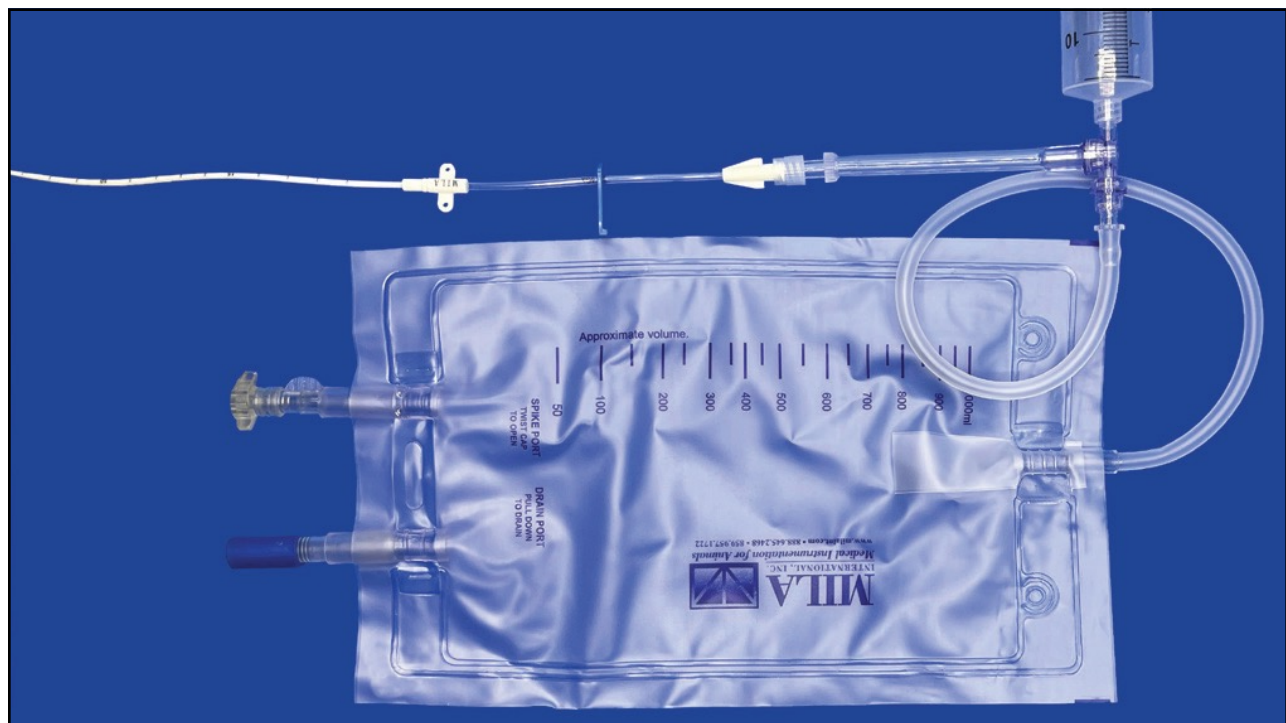
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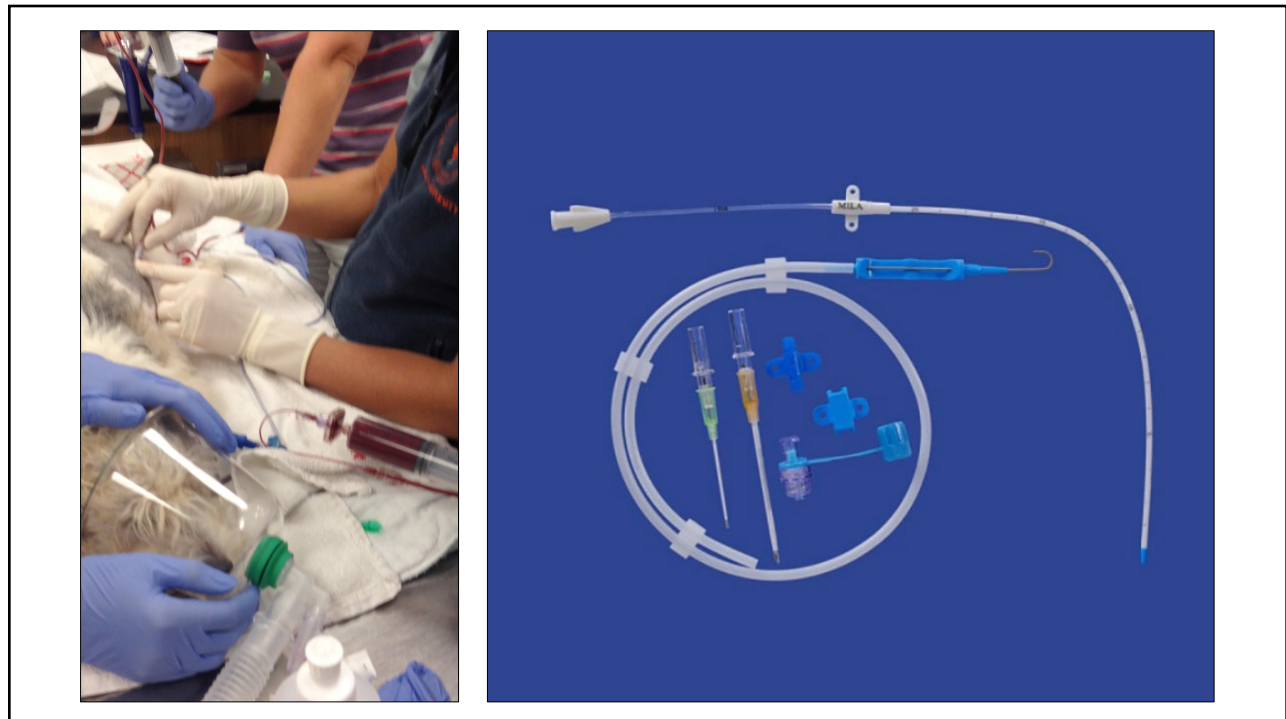


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## Surgical Suction for the OR

- Set Suction <150mmHg
  - Hemolysis if higher
- Suction Deep into Pool
  - Avoid skimming
- Avoid contaminants
  - Amniotic or GI fluid
  - Hemostatic agents
  - Antiseptics



Sikorski et al., Vox Sanguinis, 2017

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Video Cat MacPhail, DVM, DACVS

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## Surgical Suction

Anticoagulants for active bleeds

- CPDA 1ml for every 7ml blood
  - Stored
- Heparin 10 units for every 1ml blood
  - Immediate use

Add to sample sterilely while collecting



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## Surgical Suction

- From Canisters, Transfer into:
  - 60cc syringes
  - Blood collection bag
  - Used IV Fluid Bag
- Deliver blood via filter

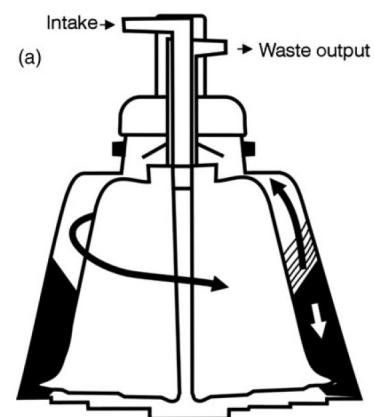


Sikorski et al., Vox Sanguinis, 2017

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## Cell Salvage Devices

- Double Lumen Suction Tubing
  - Sucks blood
  - Continuous flow of heparin to suction tip
- Collects blood in reservoir
  - Requires specific volume (250-750ml)
- Centrifuges blood to separate RBC from plasma
- Wash RBC with saline



Sikorski et al., Vox Sanguinis, 2017

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## Cell Salvage Devices

- Septic Effusion
  - Leukoreduction decreases bacteria 98-99%
  - Wash cells to remove inflammatory cytokines
  - Antibiotic prophylaxis
- Neoplastic Effusion
  - Leukoreduction filters
  - Gamma radiation of the collected product



Sikorski et al., Vox Sanguinis, 2017

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## Summary

- Contains
  - Red Blood Cells
  - Plasma proteins
- Lacks
  - Clotting Factors
  - Platelets
- Caution
  - Sepsis, urine, bile, neoplasia



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