eComment. The impact of blood conservation on outcomes in adult cardiac surgery

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We read with great interest the study by Vandewiele and associates [1]. Many studies have shown the benefits of retrograde autologous priming (RAP) on preserving the patient's haematocrit to levels that do not require transfusion. Only a study by Murphy et al. failed to reproduce similar results in a large cohort of 545 patients [2].

Since our publication in 1998 on retrograde autologous priming [3], we have developed further strategies for blood conservation that have resulted in improved outcomes. Our strategy is three-fold: retrograde autologous priming, low prime volume in the cardiopulmonary bypass (CPB) circuit, and autologous blood donation immediately in the operating room immediately after incision is made. Our preliminary data in the first 300 patients showed a dramatic reduction in the post-operative blood transfusion requirement, with 70% of our patients requiring no blood transfusion at all. In the same time period, our 30-day mortality for all open operative blood transfusion requirement, with 70% of our patients requiring no

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References
