

USING ACTIVE CARBON PLASTERS FOR HAEMOSTASIS

Machek P., Křečková M.

NephroCare

Fresenius Medical Care – DS, s.r.o., J. E. Purkyně 270, Most

INTRODUCTION:

Haemostasis is a factor that annoyingly lengthens dialysis for both the patient and the staff. Recent literature mentions good experience with the use of plasters containing active carbon in micro-filamentary form. The aim of the study was to test this technology in comparison with conventional haemostasis with a haemostatic plaster.

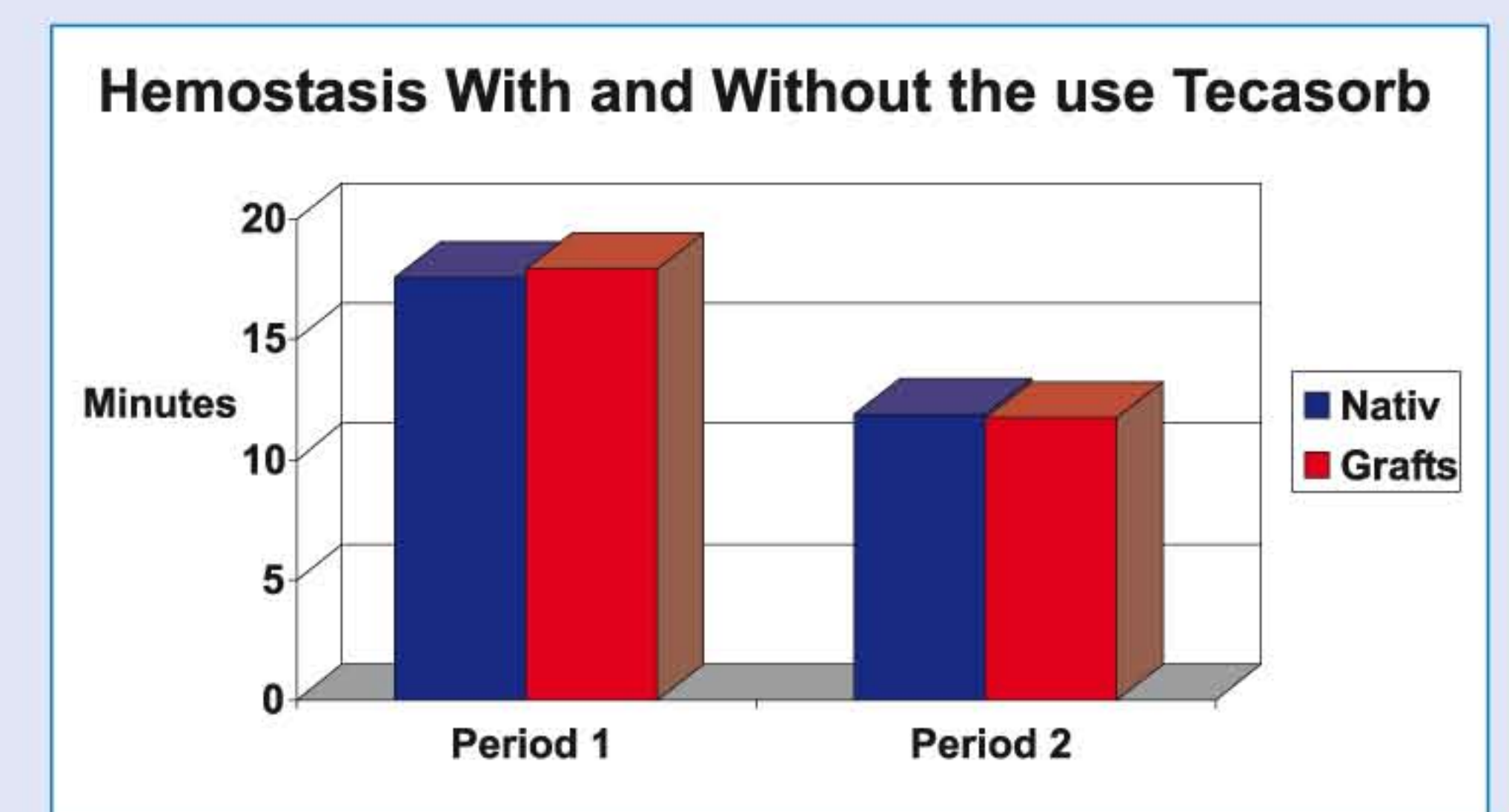
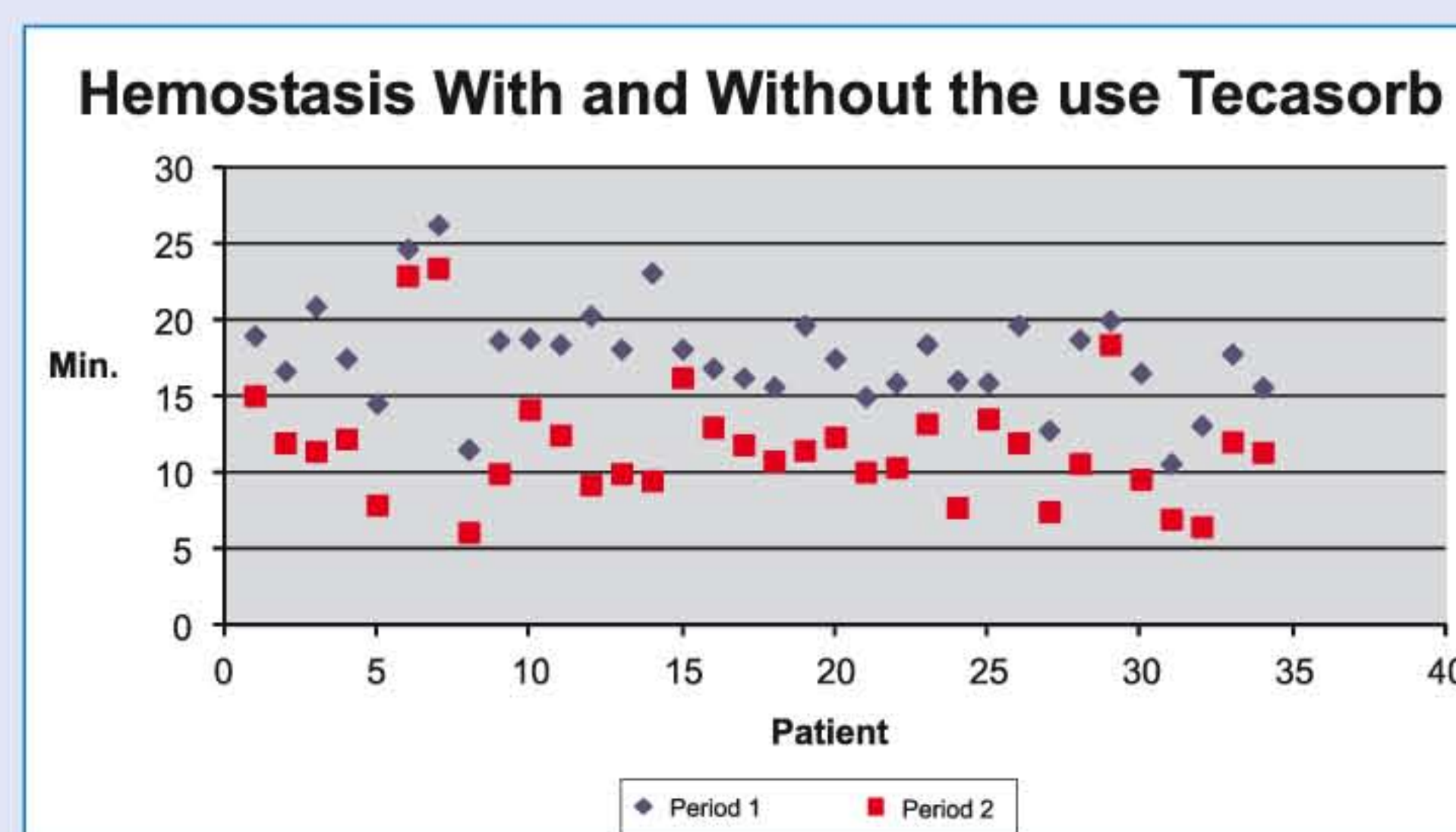
SET AND METHODS:

A total of 34 patients (28 with a native fistula and 6 with a PTFE graft) were selected. Two periods (without a plaster and with a plaster) were evaluated, covering 16 successive dialysis sessions of the same patients; this means a total of $34 \times 16 = 544$ dialysis sessions. In the course of the monitoring, heparinisation of the patients was not changed: Fraxiparine 0.4 ml i.v. for native fistulas at the beginning of the dialysis and after two hours of the dialysis, and the same dose for grafts. We tested the plasters Tecasorb (Invaz, Czech Republic).

RESULTS:

Time for haemostasis:

	Without a plaster (time in minutes)	With a plaster (time in minutes)
Total	17.62 ± 6.19	11.84 ± 5.78
Native fistula	17.57 ± 6.28	11.86 ± 6.01
PTFE grafts	17.92 ± 5.71	11.75 ± 4.57



CONCLUSION:

By using a plaster with activated micro-filamentary carbon the time required for haemostasis has been considerably reduced by approximately a third. There were no complications in relation with the use of this plaster.

