

**Bleeding ectopic pregnancy**

# Disclaimer / Pre-amble

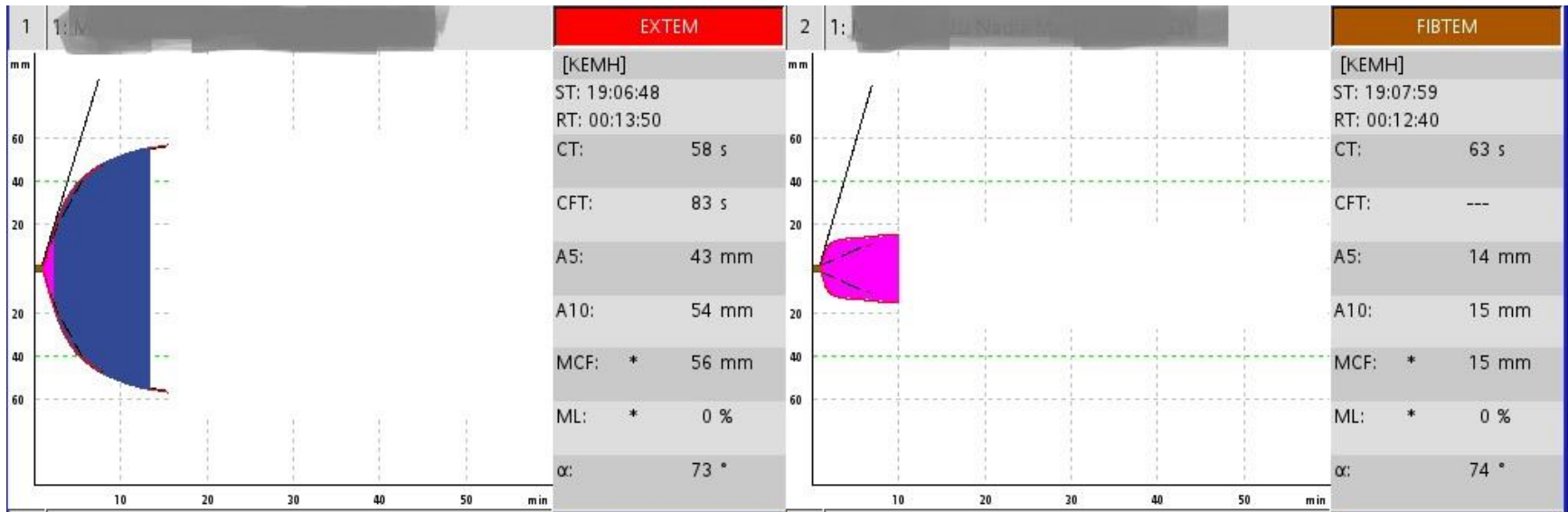
- These cases have been de-identified to protect the identity of the patient and the treating teams.
- These are all real cases and real ROTEMs. The individuals involved in these difficult cases have agreed to anonymously share these with us – thank you for your generosity.
- Successful management of the bleeding patient involves much more than just administration of blood products.
- The primary aim of these cases is to teach the use ROTEM guided blood product therapy. We have deliberately not included a lot of detail about some of the other aspects of management which might detract from this focus.

# Case 2 – Laparoscopic ectopic

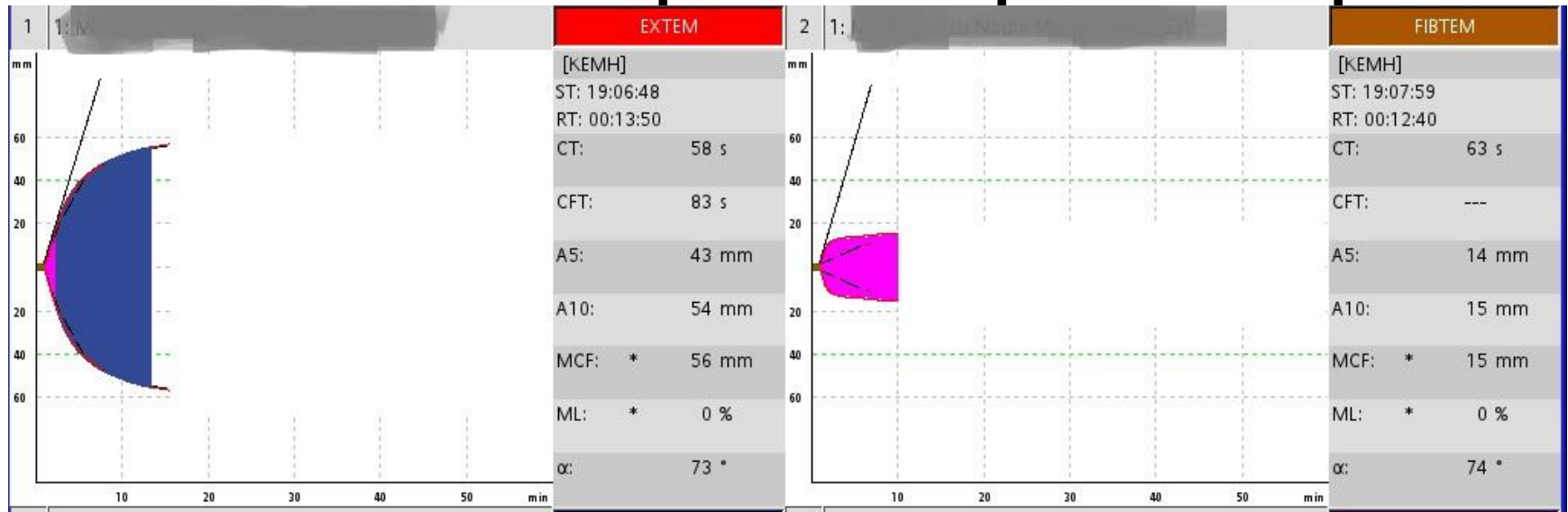
A patient with a known scar ectopic pregnancy in the first trimester undergoes laparoscopic surgery.

She has an estimated blood loss of over 1.5 litres and a ROTEM is performed.

- Imagine you are the anaesthetist in theatre – Practice applying one the ROTEM algorithms to decide what treatments you will now give.



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**Step 1: Fibrinogen – Fibtem A5 = 14mm (> 8mm) No cryo or Fib conc needed**

**Step 2: Hyperfibrinolysis – ML normal and Ext A5 > 35mm + Fibtem A5 > 8mm – hyperfibrinolysis unlikely. No Tranexamic acid needed (– although it may still be considered as TXA does decrease blood loss in elective surgery)**

**Step 3: Platelets – Extem A5 = 43mm (>35mm) – platelets not needed**

**Step 4: Factors – Extem CT = 58s (<80s) – no FFP or PTX needed**

## Discussion Points

- Rapid assessment of haemostasis using a viscoelastic test like ROTEM allows you to quickly ascertain that haemostatic function is normal.
- There is now no need to order or administer blood products - these will not benefit your patient and only expose your patient to risk or potential harm.