

**НАПРЯМ 7. МІЖДИСЦИПЛІНАРНІ АСПЕКТИ
АНЕСТЕЗІОЛОГІЇ, ІНТЕНСИВНОЇ ТЕРАПІЇ,
НЕВІДКЛАДНИХ СТАНІВ СИМУЛЯЦІЙНОЇ
ТА ТАКТИЧНОЇ МЕДИЦИНИ**

DOI <https://doi.org/10.36059/978-966-397-614-3-2-19>

THE EFFECT OF GENERAL ANESTHESIA ON HEMOSTASIS

Bordun N. M.

*Comenius University in Bratislava
Jessenius Faculty of Medicine in Martin
Clinic of Anesthesiology,
Clinic of Hematology, Clinic of Orthopedics
UL Martin
Bratislava, Slovakia*

Drobná-Saniova B.

*prof. UK v Bratislave, JLF v Martine,
klinika anestezie a intenzívnej medicíny, UN Martin
Bratislava, Slovakia*

Tarabrin O. O.

*Honored Worker of Science and Technology of Ukraine,
Doctor of Medical Sciences, Professor,
Head of the Department of Anesthesiology, Intensive Care and Emergency
Medicine
International University
Odesa, Ukraine*

The purpose of this study was to determine the effect of general anesthesia on hemostasis and to identify which method of anesthesia should be preferred by anesthesiologists to ensure maximum patient safety during elective or emergency surgery.

The most commonly used anesthetic agents for induction of anesthesia today are propofol and sufentanil (SFNT). Their effects on hemostasis were therefore evaluated using thromboelastometry (ROTEM) and flow cytometry (FC). Thromboelastometry (ROTEM) is a diagnostic method that evaluates coagulation by assessing the integrations of coagulation factors, inhibitors, anticoagulants and blood cells, particularly platelets, during clot formation and fibrinolysis. ROTEM

employs two primary assays – EXTEM and INTEM – and three supplementary assays – FIB-TEM, AP-TEM and HEP-TEM – for different diagnosis.

Flow cytometry (FC) allows quantitative and qualitative analysis of platelets and other blood particles.

In this study, ROTEM and FC were used to assess coagulation changes induced by anesthetics (propofol and SFNT) in seven ASA I adults. Blood samples were collected before and 5-7 minutes after anesthetic administration, prior to surgical incision, minimizing surgical trauma influence. EXTEM and INTEM analyses included clotting time (CT), clot formation time (CFT), alpha angle and maximum clot firmness (MCF). FC measured total and activated platelet counts.

Statistical analysis was performed using the **Wilcoxon paired nonparametric test**.

The alpha angle in the EXTEM assay increased significantly after administration of propofol and sufentanil, suggesting accelerated clot formation. CFT approached statistical significance, indicating a trend toward hypercoagulability.

INTEM clotting time (CT) also approached statistical significance, consistent with a trend toward hypercoagulability. Other ROTEM parameters, including MFC, did not show significant changes.

FC analysis revealed less than a 5% difference in both total platelet count and activated platelet count after anesthetic administration, indicating no clinically relevant effect on platelet function.

Based on the results of this study, the use of propofol or sufentanil for induction of general anesthesia in ASA I adult patients produced minimal effects on coagulation, with only a slight trend toward hypercoagulability observed in some ROTEM parameters. These results suggest that both agents can be safely used in clinical practice without significant impact on hemostasis.

Paired test.

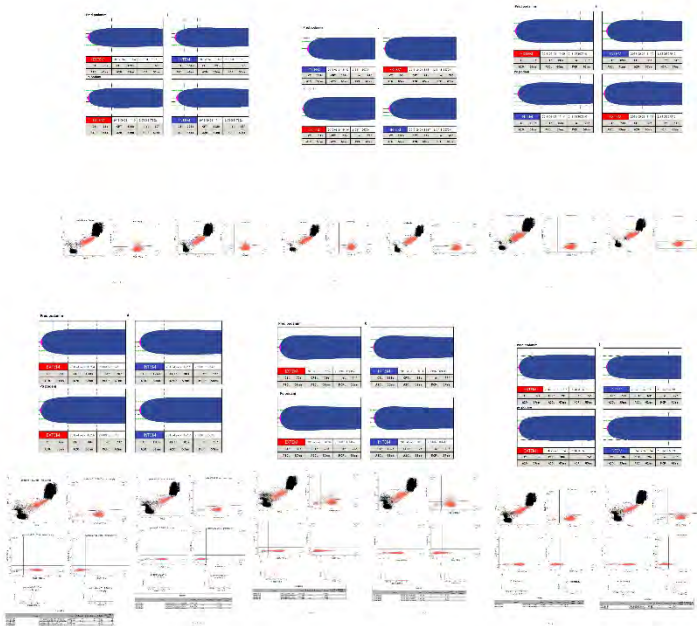
Wilcoxon signed rank test with continuity correction

data: da\$pred and da\$po

$V = 3$, p-value = 1

alternative hypothesis: true location shift is not equal to 0

The difference between population medians before and after is not statistically significant; p-value 1.



Summary of results:

- PC all events: population medians not statistically significantly different; p-value = 0.5839
- PC trb: population medians not statistically significantly different; p-value = 1
- PC percent: population means not statistically significantly different; p-value = 0.6996
- PC trba: population medians not statistically significantly different; p-value = 0.5625
- CT Extm: population medians not statistically significantly different; p-value = 1
- CT Intm: population medians not statistically significantly different; p-value = 0.1077. Note: the pvalue borderlines the weak significance; p close to 0.1.
- CFT Extm: population means not statistically significantly different; p-value = 0.06316. Note: the pvalue borers on the significance; p close to 0.05.
- CFT Intm: population means not statistically significantly different; p-value = 0.2424
- alpha Extm: population means ARE statistically significantly different; p-value = 0.04725
- alpha Intm: population means not statistically significantly different; p-value = 0.2017

- MCF Extrem: population means not statistically significantly different; p-value = 0.3559
- MCF Interm: population means not statistically significantly different; p-value = 0.1723
- A10 Extrem: population means not statistically significantly different; p-value = 0.3078
- A10 Interm: population means not statistically significantly different; p-value = 0.6036
- A20 Extrem: population means not statistically significantly different; p-value = 0.2199
- A20 Interm: population medians not statistically significantly different; p-value = 1
- For alpha Extrem there is statistically significantly different population mean before and after treatment. We can say even more: the population mean alpha Extrem before is statistically significantly lower than after; p-value = $0.04725/2 = 0.023625$. The one-sided 95% confidence interval is (-Inf, -0.250507).
- For CFT Extrem the population means are weakly significantly different; p-value = 0.06316.
- For CT Interm the difference of population medians before and after is close to weak significance; p-value = 0.1077.

Bibliography:

1. Kubisz Peter a kolektiv. Hematológia a transfúziológia. Učebnica. 2006, s323.
2. XXIII Slovensko-Českaá konferencia Hemostáza a trombóza 19-21.05.2016, Martin, Vask. med, 2016, 8(2)s.95-97
3. Staško, J., Kubisz, P. Trombohemostatic disease reseach New-York: Nova Science Publishezs, 2007, p. 202.
4. Nauder Faraday, Critical Care Medicine and Surgery, Department of Anesthesiology, Johns Hopkins Medical Institutions, Baltimore, Maryland Anesthesiology 2002,96:1042-3 Platelets, Perioperative Hemostasis, and Anesthesia
5. Seoul National University Bundang Hospital Seongnam, Kórea Bon-wook Koo, Hyo-Seok Na, Jung-Won Hwang a Sang-Hwan Do Anesth Pain Med 2014, 9, p292–297 The influence of propofol and sevoflurane on hemostasis:a rotational thromboelastographic study
6. Schochl H, Forster L, Woidke R, Solomon C, Voelckel W. Use of rotation thromboelastometry (ROTEM) to achieve successful treatment of polytrauma with fibrinogen concentrate and prothrombin complex concentrate. Anaesthesia. 2010;65:199–203. Pub Med
7. Nakayama Y, Nakajima Y, Tanaka KA, Sessler DI, Maeda S, Iida J, Ogawa S, Mizobe T. Thromboelastometry-guided intraoperative haemostatic management reduces bleeding and red cell transfusion after paediatric cardiac surgery. Br J Anaesth. 2015;114:91–102. Pub Med