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Turin, 22/01/2013

Between January and December 2012, 30 patients divided into the three groups below were treated with SealFoam® Polysaccharide Hemostat a new plant based hemostasis product from Starch Medical.

- N. 10 Removal of large dialytic FAV (arteriovenous fistulas) in transplanted patients (upper limbs).
- N. 10 Kidney transplants (extra-peritoneal iliac approach)
- N. 10 Carotid endarterectomies (latero-cervical approach)

Patients operated for carotid EA (endarterectomy) were maintained anesthetically during surgery with ASA or TICLOPIDINE or CLOPIDOGREL and were also given heparin (0.5) IV (intravenous) during the surgical intervention.

The anesthesia for the FAV group was plexus local anesthetic as well as for the operations on the carotid artery, while general anesthesia was the method used in all our kidney transplants.

Hemostasis intra-operatively was closely evaluated as well as the post-operative bleeding levels.

In all patients there were no serious bleeding problems, but the use of SealFoam allowed the control of any leakage or exudate or gemitio at the level of arterial and venous anastomoses, of arteriotomies or of the removal bed of the FAV with a considerable reduction of blood collected in the drainage system (lower in the 24 hours at 50 cc).

Moreover, the use of SealFoam avoided the application of additional correction points in the venous and arterial anastomoses.

All FAV patients were dismissed in the evening and the carotid EA patients on the second day.

In conclusion, I feel that SealFoam is a remarkable hemostat and very effective. The only limitation at the time of use, was that sometimes we observed slight fragility (code PF642) than with other hemostatic products such as Tachosil, Fibrillary,Tabotamp and Floseal, because it tended to fragment and to remain a little adhered to the operator's fingers and/or to gauze.

Considering these slight issues, I was introduced to a new version of SealFoam (code PD644) which is much more robust and more forgiving in its handling characteristics which allowed us to overcome the issues encountered with PF 642.

This last version of SealFoam (code PD644) has been used successfully in 9 cases (n. 3 FAV - n. 3 carotid EA - n. 3 kidney transplants) with very effective results.

It should also be stated that SealFoam does not contain any human thrombin, fibrinogen, foreign platelets or animal collagen. This suggests that it is safer than products with these inherent qualities thereby reducing the risk of cross contamination from foreign pathogens, an issue that is being discussed more and more of late.

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In closing, the economy of our Country is such that finding an alternative hemostat product such as SealFoam which is as effective as the much more costly hemostats is a very welcome situation. It is much easier for us to now justify our usage of a hemostat where before we really had to think twice.

S.S.C.V.D. Vascular Surgery in Kidney Transplants
Responsible: Dr. P. Bretto