

POST PROCEDURE: (5 MINUTE) GROIN BLEED

1

STOP THE BLEEDING!

- HOLD** manual pressure
- STOP/REVERSE** anti-coagulants
- CALL** physician
- CONSIDER** cath lab/OR for endovascular or surgical intervention



2

ASSESS FOR INSTABILITY!

- HR>100, SBP<100
- Oliguria, confusion, cool extremities
- Retroperitoneal bleed or ongoing anterior bleed***

STABLE



**-MONITOR FOR
REBLEED**

-CONSIDER ICU



UNSTABLE

3

VOLUME RESUSCITATE!

- 2 large bore IV's or central "Cordis" line
- STAT PRBC's (Type and Crossed or O neg)
- FFP if gave > 2U PRBC's
- Avoid hypothermia



4

DIAGNOSTIC TESTING!

- CBC with differential, PTT, PT
- ECG
- Cath** or non-contrast CTAP
- Ultrasound

5

****70% of retroperitoneal
bleeds will NOT have a
palpable/visible hematoma!***

Specific anti-platelet and anti-coagulant issues

Agent	Mechanism	Duration	Reversal
Unfractionated heparin (UFH)	Inactivates thrombin; prevents conversion of fibrinogen to fibrin	1-2 hours	Protamine*: Max dose 50 mg IV. Immediate=1 mg protamine/100 unit of UFH 1 hour after UFH =0.5 mg protamine/100 unit of UFH 2 hour after UFH=0.25 mg protamine/100 unit of UFH

*May rarely cause severe hypersensitivity reaction and hemodynamic collapse. Do not overdose since excess protamine can exacerbate bleeding.

Other special considerations

Consideration	Comment
How to hold pressure on groin?	Drop bed height as low as possible. Using fingertips of both hands, hold occlusive pressure 2 cm above (cephalad to) arteriotomy site until hemostasis maintained, typically 20-30 minutes. Continue to assess for control of bleeding.
Cath lab/IR to look for and treat active bleeding?	Hemodynamic instability or rapid fall in hemoglobin.
Vascular surgery consultation?	Hemodynamic instability, RP bleed, large anterior thigh hematoma, pseudoaneurysm, AV fistula.
Repair of pseudoaneurysm?	If > 2 cm