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The use of the glue GLUBRAN in cardiac surgery

The use of glue in cardiac surgery has assumed a collateral but important role above all as hemostatic aid.
The glue Glubran, in particular, achieves a very high consolidation velocity. However, when it is used as hemostatic as well as adhesive, the result may be compromised if it's used in excessive quantity.

It is particularly efficient in bleeding prevention, whilst it seems less useful in controlling active and abounding hemorrhages. In our experience it proved being useful mainly in the following cases:

a) In consolidation of generally aortic and vascular sutures. In these cases it permits to obtain a watertight suture line preventing a series of needle pricks, which can degenerate in more abounding bleedings with elastic tractions, especially in presence of high doses of heparin.

b) In repairing small epicardial lacerations without the use of suture stitches. In these cases though you need the sagacity to repair the lacerations, once the cardiac activity is restored, prior to the verification of an abounding bleeding of the epicardial vessels, or pressing the edges of the laceration so the bleeding can not wash away the glue prior to its consolidation.

c) In the ventricular aneurysm surgery it is useful in recovering the perianeurysmatic tissue, whilst it seemed inefficient and dangerous in hemostatic recovering of non pre-treated dacron patches. In fact these patches result permeable to the glue which tends to consolidate inside the ventricular lumen with the risk of embolism.

d) Sometimes it is possible to start the hemostasis of small bleedings by applying a thin layer of glue whilst contemporarily pressing at distance the tissue in order to arrest the hemorrhage during the consolidation of the glue.

e) It has been used as pure adhesive (so without any hemostatic purpose) to optimise and fix the course of the aorta-coronaric by-passes on the heart.

In all cases the advice from our experience is to use it always in a thin layer (if the worst comes at worst in more overlapping layers, applying the glue on the previous already consolidated layer).
A use in abounding quantity gives inevitably rise to the formation of vitrified clots which come off from the tissues.
From the end of 1996 until today we have used the glue in more than hundred cardiac surgery patients.
We have never verified collateral, toxic or allergic effects to its use and therefore, in our experience, we don't point out any contraindications.

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