

AXIOSTAT - 100% CHITOSAN HAEMOSTATIC DRESSING ON TRANSFEMORAL INTERVENTIONAL CARDIOLOGY PROCEDURE

Center

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Patient details	44 years , Male	41 years , Male	55 years , Male
Patient history	Diabetes & Hypertension	No Diabetes & no Hypertension	Diabetes & no Hypertension
Procedure	PTCA	DSA	PTCA
Heparin dosage	8000 IU	-	8000 IU
Sheath size	6F	5F	6F
Loading dose	Clopidogrel 300 mg	-	Clopidogrel 300 mg
Axiostat Variant	V55	V55	V55
Average time taken to achieve haemostasis	6 mins	5 mins	5 mins



The sheath was removed carefully from the access site



Axiostat was placed on the puncture from where the blood was oozing out



Pressure was applied firmly on the puncture location for 5 mins



Axiostat was removed by irrigating with saline & disposed later. Puncture site was cleaned

Result

Patient outcome with Axiostat	Ease of application	Ease of removal	Adherence to wound	Conformability of dressing	Patient dressing
Excellent					
Good					
Fair					
Poor					

Discussion

- The average time to achieve haemostasis in PTCA patients was 5.5mins (n=2), whereas for the single DSA patient, haemostasis was achieved in 5mins.
- The haemostasis time in both groups was significantly shorter than the conventional method of applying manual compression with cotton gauze, which usually requires around 20 mins to achieve haemostasis.
- No re-bleeding from puncture sites was observed during the observation for additional 2-3 hours after removing the manual compression. Similarly, the puncture sites showed no re bleeding, skin irritation, swelling, vascular complication, allergy after the removal of Axiostat.
- Further there was no incidence of device related bleeding complications during 5 days after the surgery.
- Overall, Axiostat was also found to be an excellent haemostat dressing in patients undergoing transfemoral interventional cardiology procedures.