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Perioperative Characteristics Associated with Transfusion-Free Lung Transplantation



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ABSTRACT

RESULTS

Blood transfusion during lung transplantation (LT) surgery is common but there is little evidence to identify potential candidates for transfusion-free LT surgery.

OBJECTIVES

We describe patient and procedural characteristics of LT patients in the era of ECMO and identify predictors of successful transfusion-free surgery.

235 LTs were performed over the time period. 41 patients (17.4%) received no blood transfusions, while 194 patients (82.6%) received transfusions, most of which (n=101; 43%) received >4 U of product. Recipients requiring blood transfusions had prolonged ventilation time, length of stay, primary graft dysfunction (PGD) and worse 1-year graft survival.

Donor characteristics were similar between groups. Higher age, obstructive or restrictive lung disease, off-pump surgery, single orthotopic lung transplant (SOLT), lower Lung Allocation Score (LAS), higher starting hemoglobin, shorter ischemic time and case length were associated with a transfusion-free LT.

In a multivariate analysis, positive predictors for transfusion-free LT included SOLT(OR=6.27, p=0.0004), and higher preoperative hemoglobin (OR=1.35 per point, p.0231). Negative predictors included female sex (OR=0.13, p=0.0005) and higher LAS (OR=0.88 per point, p=0.0002).

	0U PRBCs (n=41; 17.4%)	1-3U PRBCs (n=93; 39.6%)	≥ 4U PRBCs (n=101; 43.0%)	p-value
Demographics & Surgical Characteristics				
Age	67(60-70)	60(50-67)	55(33-64)	<.0001
Race				.3782
Black	1(2.4%)	6(6.5%)	13(12.9%)	
White	38(92.7%)	84(90.3%)	83(82.2%)	
Other	2(4.9%)	3(3.2%)	5(5.0%)	
Sex				<.0001
Female	4(9.8%)	41(44.1%)	51(50.5%)	
Male	37(90.2%)	52(55.9%)	50(49 5%)	

METHODS

In this single-center, retrospective analysis, all adult patients undergoing LT between 9/5/2016-2/28/2019 were included. Multiorgan transplants were excluded.

Patients were grouped based on perioperative transfusions received over 72 hours; no products, 1-4 units PRBC, or >4 U PRBC.

Donor and recipient characteristics were compared between the three groups by univariate and multivariate analysis.

Lung Allocation Score		37(35-42)	43(36-52	2)	45(38-54	4)	<.0001	
Indication for Transplant								.0032	
Chronic Obstructive Pulmonary [Disease	8(19.5%)		22(23.7%)		12(11.9%	6)		
Idiopathic Pulmonary Fibrosis		28(68.3%)		40(43.0%)		34(33.7%)			
Cystic Fibrosis		4(9.8%)		13(14.0%	6)	26(25.7%	6)		
Sarcoidosis		0(0.0%)		3(3.2%)		5(5.0%)			
Primary Arterial Hypertension		0(0.0%)		2(2.2%)		4(4.0%)			
Other		1(2.4%)		13(14.0%	6)	20(19.8%	6)		
CMO 0-72h		2(4.9%)		6(6.5%)		52(51.5%)		<.0001	
Cardiopulmonary Bypass Used	ardiopulmonary Bypass Used			13(14.1%)		34(33.7%)		<.0001	
onor Age		34(26-51)		35(28-52)		36(27-47)	.6806		
Donation After Circulatory Death (D	CD)	2(5.0%)		2(2.3%)		3(3.0%)	.7005		
chemic Time (minutes)		379(326-430)		395(338-455)		438(371-504)		.0018	
Preoperative Laboratory Values									
Hemoglobin (g/dL)		13.1(12.4	-13.9)	12.4(11.	3-13.2)	11.7(9.8	-12.9)	<.0001	
International Normalized Ratio		1.1(1-1.1)	1(1-1.1)		1(1-1.2)		.6839	
Platelet Count (x 10 ⁹ /L)			253) 26) 25	264(215-327)	244(180-312) 25(21-32)	.0029 .2625			
Aean Pulmonary Artery Pressure (mmHg)		24(22-28)		25(22-28)					
Total Transfusions (units)	l Transfusions (units)		0(0-0)		3(2-4)		15(8-33)		
Outcomes:									
	OU P	RBCs	1-3U	PRBCs	≥ 4U P	RBCs p-va		lue	
	(n=4	3; 18.3%)	(n=91	; 38.7%)	(n=101	; 43.0%)	P		
PGD at 72h							<.000	01	
0 or 1	34(8	2.9%)	62(66	5.7%)	42(41.	5%)			
2	3(7.3	3%)	22(23.7%)		21(20.8%)				
3	4(9.8	3%)	9(9.79	%) 38(37.		5%)			
Mechanical Ventilation at 72h	4(9.8	4(9.8%)		15(16.1%)		58(58.0%))1	
Graft Survival	38(9	5.00%)	78(87.64%)		75(74.26%)		.0042	2	
Hospital Length of Stay (days)	17(1	3-24)	19(15-29)		36(24-65)		<.000)1	
Mortality	1(2.4	1(2.4%)		2(2.2%)		17(16.8%)		<.0001	

CONCLUSIONS

Predictors of transfusion-free LT surgery include male sex, increased age, SOLT, off-mechanical support LT, lower LAS and higher starting hemoglobin.

This may guide decision making in exploring candidacy for transfusion-free LT or blood refusal patients in the era of ECMO.