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Abstract:

**BACKGROUND:** The aim of this study was to describe the efficacy, security and viability of an anticoagulation system with continuous infusion of unfractionated heparin (UFH) versus one without any type of anticoagulant using 0.9% physiological saline washings, in critically ill patients with continuous renal replacement therapy (CRRT) and different risks of bleeding.

**METHODS:** From October 2013 to April 2015 we conducted an observational prospective study in the intensive care unit (ICU). Sixty-one patients with acute kidney injury (AKI) and requiring CRRT were included, with 122 filters. Patients and filters were divided in two groups: anticoagulated (AC) and not anticoagulated (No AC). The main outcome measure was filter life span. Different analytical parameters were also collected at the beginning of treatment and at the moment of circuit coagulation Results. The number of patients was similar in both groups. We did not find statistically significant differences between the two groups in filter life span (30.5 hours AC vs 34.9 hours No AC). Patients with increased morbidity (severe thrombocytopenia, coagulopathy, etc.) were included in the group that did not received anticoagulation but saline flushes.

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**CONCLUSIONS:** CRRT without anticoagulation with saline flushes is a viable, safe and

effective strategy in critically ill patients with high risk of bleeding. This approach achieves a circuit life span similar to that observed in anticoagulated patients with UFH; avoiding the risks and costs associated with anticoagulation.

Reference:

Sanz Ganuza, M., Hidalgo Martínez, F. and García-Fernández, N. (2017) Circuit life span of continuous renal replacement therapy in critically ill patients with or without conventional anticoagulation: an observational prospective study. *Anales del Sistema Sanitario de Navarra*. 40(1), p.77-84.

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