

Life Blood Centre Scientífic Newsletter



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Issue - 1

CRYOPRECIPITATE - WHAT IT IS AND WHAT IT IS NOT?

Project 'Life'

A Temple of Humanitarian Services Since - 1978



Life Blood Centre

A Centre for Excellence in Transfusion Medicine



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WHAT IS A CRYO PPT:

Cryoprecipitated Antihemophilic Factor, also called cryo, is a portion of plasma, the liquid part of our blood. Cryo is rich in clotting factors, which are proteins that can reduce blood loss by helping to slow or stop bleeding.

How is it prepared?

Cryo is prepared from donated plasma. The plasma is first frozen and then it is slowly thawed. Cryo is the insoluble portion, or precipitate, that remains when the liquid portion of the plasma drains away. The precipitate is collected and can be stored for up to a year.

CONTENTS:

- 1. Factor VIII:C
- 2. Fibrinogen
- 3. vWF
- 4. Factor XIII

5. Fibronectin **ONE UNIT IMPARTS?**

80 IU-Factor-VIII

150 mg-Fibrinogen

10 units of fibrinogen will increase it in a 70kg patient, approximately 70 to 100 mg/dl... **Does ABO matter?**

ABO and Rh blood groups are not generally considered for Cryo administration, unless it is a pediatric patient.

Recommended infusion time is over 10-30 minutes per dose

Storage instructions after thawing: at 20-24°C for 06 hours maximum. **ACTUAL INDICATIONS:**

- Fibrinogen Deficiency
- Congenital Afibrinogenemia
- Dysfibrinogenemia
- Uremic Bleeding
- Fibrin Patch: Oto, Cardiothoracic, Dental
- Factor Xiii Deficiency (In Absence Of Fibrogrammin P)
- Hemophilia A
- Von Willebrand's Disease. (Unresponsive To Desmopressin)
- **MYTHSABOUT CRYO**
- In congestive cardiac failure- to minimize volume overload!
- In case of Warfarin reversal....II, VII, IX, X deficiency-not addressed by CRYO!
- Bleeding patient....Without evidence of Hypofibrinogenimia, don't give CRYO In case of Acquired hypofibrinogenemia, most frequently caused by hemodilution and consumption of clotting factors. The aggressive replacement of fibrinogen has become one of the core principles of modern management of massive hemorrhage.
- Liver disease coagulopathy- CRYO is not helpful!
- Hemophilia-B (factor-IX deficiency)-as CRYO do not contain factor IX.

Overall, keeping in mind the patient blood management initiative, all that bleeds need not be REPLACED! Depending upon the specific clotting factor deficiency, replacement therapy should be administered instead of working towards protocol based management where every patient falls into a single frame of transfusion.

NAT & X-Ray Irradiated Blood Units Available at Life Blood Centre

Life Blood Centre Committed to Care

(Formerly known as Rajkot Voluntary Blood Bank & Research Centre) (NABH Accredited Regional Blood Transfusion Centre)



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