

Cockrill Clip 3 Transcript

AUDIENCE: One quick question. We were wondering whether you start some type of anticoagulant therapy, like heparin, before you even do this sort of testing.

BARBARA COCKRILL: So that's a great question. What were you thinking?

AUDIENCE: Well, Evan brought this up. Basically, you want to make sure that you're potentially treating for this so this doesn't actually happen when you're waiting for the results or they're going through the testing.

BARBARA COCKRILL: Great thought. So you may-- if you really are concerned and worried about-- in this patient, I absolutely would do that. I would start the heparin while we're trying to figure out what's going on and before you've even made the diagnosis.

If you have someone where the probability is much lower and you're not worrying about it as much, then you'd wait to start that. But that's a great point.

AUDIENCE: Of course, you have to think of other things too before you start an anticoagulant, right? Are there risks for bleeding? Are you going to take them to surgery in the next six or eight hours potentially? Then that would be relatively contraindicated.

So a few things are in there, but you really want to start the anticoagulant as fast as you can, assuming there are no other reasons why you shouldn't or contraindications.

BARBARA COCKRILL: Dr. Mayer?

JOHN MAYER: Yeah. The only other thing I would add is that, fortunately, we have an antidote to heparin, which is called protamine. And so if you were in that box and you

had to go to the operating room, and you'd already given the patient heparin, you can always titrate it back. And that's literally what we do every time we come off bypass, where we've completely heparinized the patient. And then when you don't need the heart lung machine anymore, you want to reverse the anticoagulant effects of heparin, and so we give protamine. And that's a typical sequence for essentially every open heart operation.

So that's the nice thing about heparin is you can reverse its action.

BARBARA COCKRILL: One more question and we'll move on to the VQ scan. Go ahead.