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Email: CustomerServiceNA@haemonetics.com

Cell Salvage in Obstetrics

References:

1. The AWHONN Postpartum Hemorrhage Project, www.pphproject.org/maternal-morbidity-mortality.asp
2. American Association of Blood Banks (AABB) Guidelines for blood recovery and reinfusion for surgery and trauma. 2010.
3. National Institute of Clinical Excellence <http://guidance.nice.org.uk/IPG144/Guidance/pdf/English>
4. Allam, J. 2008, Intl J Obst Anesth, Vol. 17, pp. 37–45.
5. Waters, J. 2000 Anesthesiology, 92:1531-6.
6. Sullivan, I. 2008, Br J Anaesth, Vol. 2, pp. 225–9.
7. Goucher, et al. August 2015. International Anesthesia Analgesia. Volume 121, Number 2. pp. 465-468.

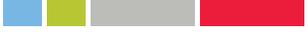
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Helping to improve
patient outcomes


HAEMONETICS®

Cell salvage is an option to recover shed blood during childbirth.²⁻⁷



Why consider cell salvage?

- Postpartum hemorrhage is a leading cause of pregnancy-related complications in the U.S. Each year an estimated 2.9% of women who give birth will bleed too much - this means about 125,000 women are affected.¹
- In the last 10 years, there was a 183% increase in the number of women who had a blood transfusion around the time they gave birth.¹

Guidelines

Cell salvage use for obstetrical hemorrhage has been endorsed by several medical societies and has been incorporated into national guidelines including:

- American Association of Blood Banks (AABB)²
- National Institute for Health and Clinical Excellence (NICE)³

The AABB recommends a double suction setup to minimize amniotic fluid within the collection reservoir and use of a leukocyte reduction filter upon reinfusion.²

Safety

Peer-reviewed publications have suggested:

- Cell salvage was avoided in the obstetric population in the past because of the perceived risk of amniotic fluid embolism or induction of maternal alloimmunization.⁴
- Leukocyte reduction filtering of cell-salvaged blood obtained from cesarean section significantly reduces particulate contaminants to a concentration equivalent to maternal venous blood.⁵
- Sullivan et al. suggest there is a growing body of evidence that supports little to no possibility for amniotic fluid contamination to enter the reinfusion system when used in conjunction with a leukoreduction filter.⁶
- With advances in cell salvage technology, the risks of cell salvage in the obstetric population parallel those in the general population.⁷

The risk/benefit ratio of blood salvage must be determined on an individual basis by the surgeons, anesthesiologists and transfusion medicine specialists involved in the patient's care.