

# AXIOSTAT - 100% CHITOSAN HAEMOSTATIC DRESSING ON TRANSFEMORAL INTERVENTIONAL CARDIOLOGY PROCEDURE

## Center

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Patient details	44 years , Male	41 years , Male	55 years , Male
Patient history	Diabetes & Hypertension	No Diabetes & no Hypertension	Diabetes & no Hypertension
<b>Procedure</b>	<b>PTCA</b>	<b>DSA</b>	<b>PTCA</b>
<b>Heparin dosage</b>	<b>8000 IU</b>	-	<b>8000 IU</b>
<b>Sheath size</b>	<b>6F</b>	<b>5F</b>	<b>6F</b>
Loading dose	Clopidogrel 300 mg	-	Clopidogrel 300 mg
Axiostat Variant	V55	V55	V55
<b>Average time taken to achieve haemostasis</b>	<b>6 mins</b>	<b>5 mins</b>	<b>5 mins</b>



The sheath was removed carefully from the access site



Axiostat was placed on the puncture from where the blood was oozing out



Pressure was applied firmly on the puncture location for 5 mins



Axiostat was removed by irrigating with saline & disposed later. Puncture site was cleaned

## Result

Patient outcome with Axiostat	Ease of application	Ease of removal	Adherence to wound	Conformability of dressing	Patient dressing
<b>Excellent</b>					
<b>Good</b>					
<b>Fair</b>					
<b>Poor</b>					

## Discussion

- The average time to achieve haemostasis in PTCA patients was 5.5mins (n=2), whereas for the single DSA patient, haemostasis was achieved in 5mins.
- The haemostasis time in both groups was significantly shorter than the conventional method of applying manual compression with cotton gauze ,which usually requires around 20 mins to achieve haemostasis.
- No re-bleeding from puncture sites was observed during the observation for additional 2-3 hours after removing the manual compression. Similarly, the puncture sites showed no re bleeding, skin irritation, swelling, vascular complication, allergy after the removal of Axiostat.
- Further there was no incidence of device related bleeding complications during 5 days after the surgery.
- Overall, Axiostat was also found to be an excellent haemostat dressing in patients undergoing transfemoral interventional cardiology procedures.