How can ROTEM® testing help you in obstetrics?

Complicated bleeding situations can appear intra and post operatively. They can be life-threatening and always require immediate action. A fast differential diagnosis is the basis of targeted therapy.
1. What are the guidelines?
2. Does the ROTEM® analysis give quicker results than conventional lab tests?
3. Can ROTEM® be used to monitor fibrinogen and fibrinogen substitution?
4. Can ROTEM® detect fibrinolysis during PPH?
5. Are specific pregnancy reference ranges available for ROTEM®?
What are the guidelines?

Management of severe perioperative bleeding
Guidelines from the European Society of Anaesthesiology


Does ROTEM® analysis give quicker results than conventional lab tests?

Haemostatic monitoring during postpartum haemorrhage and implications for management.


“Thromboelastometry can identify obstetric coagulopathy and hyperfibrinolysis and guide haemostatic therapy” C

“The FIBTEM test enables diagnosis of fibrin(ogen) deficiency within 10 min”

“We recommend the use of A5 or A10 values since they exhibit an excellent linear correlation to MCF with a fixed bias for each ROTEM® test.”
Can ROTEM® be used to monitor fibrinogen and fibrinogen substitution?

"The major coagulopathy independently associated with PPH is low FIBRINOGEN levels."

"The FIBTEM test enables diagnosis of fibrin(ogen) deficiency within 10 min"

"Thus, fibrinogen replacement therapy in PPH may be better guided by viscoelastic clot measurement than absolute quantification of fibrinogen levels"

"Fibrinogen seems to play an important role in the course of PPH and could be an early predictor on the severity of PPH."

"The FIBTEM values ... decline even more rapidly than fibrinogen levels and can be useful for early guidance of interventions."

Our study shows that:
(i) FIBTEM parameters of the ROTEM correlate well with fibrinogen levels in PPH;
(ii) it is possible to define cut-off values for ROTEM parameters corresponding to transfusion threshold values of fibrinogen during PPH
(iii) early detection of fibrinogen decrease is possible by using Ca5-FIBTEM or CA15-FIBTEM."
Can ROTEM® detect fibrinolysis during PPH?

Hyperfibrinolysis diagnosed by rotational thromboelastometry in a case of suspected amniotic fluid embolism.


“Rotational thromboelastometry showed hyperfibrinolysis and hypofibrinogenaemia, which allowed targeted coagulation factor replacement therapy and the use of tranexamic acid.”

“Hyperfibrinolysis may be a contributor to maternal haemorrhage in women with suspected AFE.”

Are specific pregnancy reference ranges available for ROTEM®?

Coagulation assessment by rotation thrombelastometry in normal pregnancy.

Reduction of Fresh Frozen Plasma Requirements by Perioperative Point-of-Care Coagulation Management with Early Calculated Goal-Directed Therapy.


The ROTEM® delta haemostasis analyser is CE marked, ISO certified and FDA approved. With more than 2000 installations worldwide and over 500 publications the ROTEM® technology is proven and accredited in the clinical setting.

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