

**NS-06****Retrospective analysis of the management of the high-risk bleeding sarcoma patient with bleeding-preventing intravascular device**

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Introduction: Intra-operative and post-operative bleeding determines systemic complications such as cardiovascular failure, kidney failure, higher risk for infection. Furthermore it increases the complexity of the patient's management and consequently the complexity of the nursing care. The aim of this study is to evaluate high-risk bleeding sarcoma patients with or without a bleeding-preventing intravascular device.

Methods: A case control retrospective study has been conducted comparing a group with (10 patients) and another without (10 patients) a bleeding preventing intravascular device for the surgical treatment of bone and soft tissue sarcomas. The number of single blood unit transfusions, the postoperative management and monitoring of respiratory rate, Oxygen saturation, temperature, systolic blood pressure, pulse rate, and level consciousness have been evaluated and compared.

Results: The number of single blood units transfused intra- and post-operatively was lower in the group with bleeding preventing intravascular device ($p < 0.05$). In this group the patient was more hemodynamically stable and its management was possible in a regular ward. Nursing and assistance complexity was adequate to the ward and did not require an intensity care unit (ICU). An early mobilization and self-feeding of the patients, and a good pain control help the health professionals in facing the first postoperative days.

Conclusion: When the intra- and post-operative bleeding is limited, it is possible to manage the patient in the ward even in the first days. The complexity of the management is consequently lower because a hemodynamically stable patient is easier to be assisted. An ICU is not necessary because no constant instrumental, clinical and nurse monitoring is mandatory. Infection related to ICU are consequently lower.