

Rotational Thromboelastometry (ROTEM)

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VISCOELASTIC HEMOSTATIC ASSAYS (VHA)

Problem with conventional coagulation tests



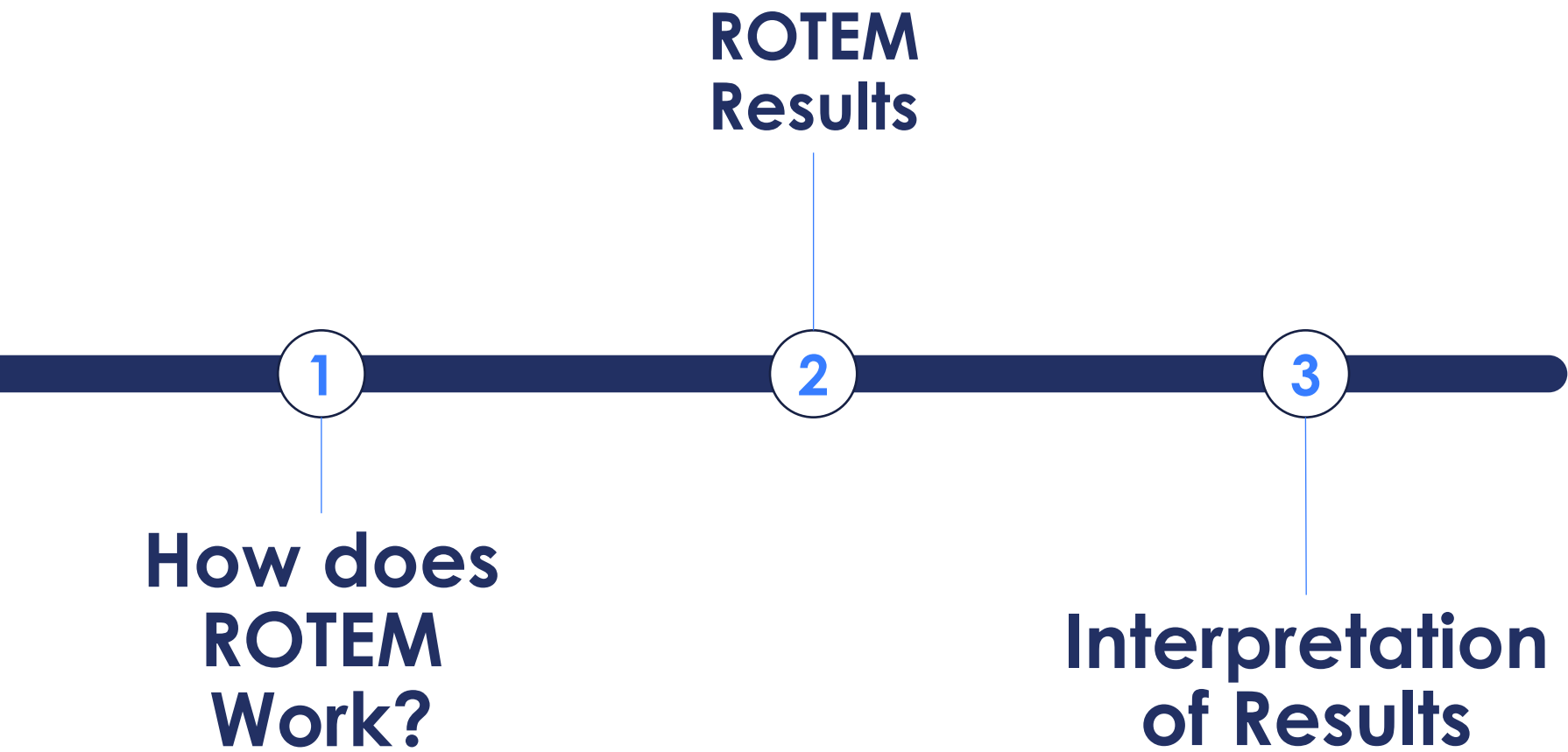
TEG 5000 (1948)

VHA measure the entire
spectrum of clot
formation

undergone a resurgence in popularity



ROTEM delta (1990)



1) HOW DOES ROTEM WORK?

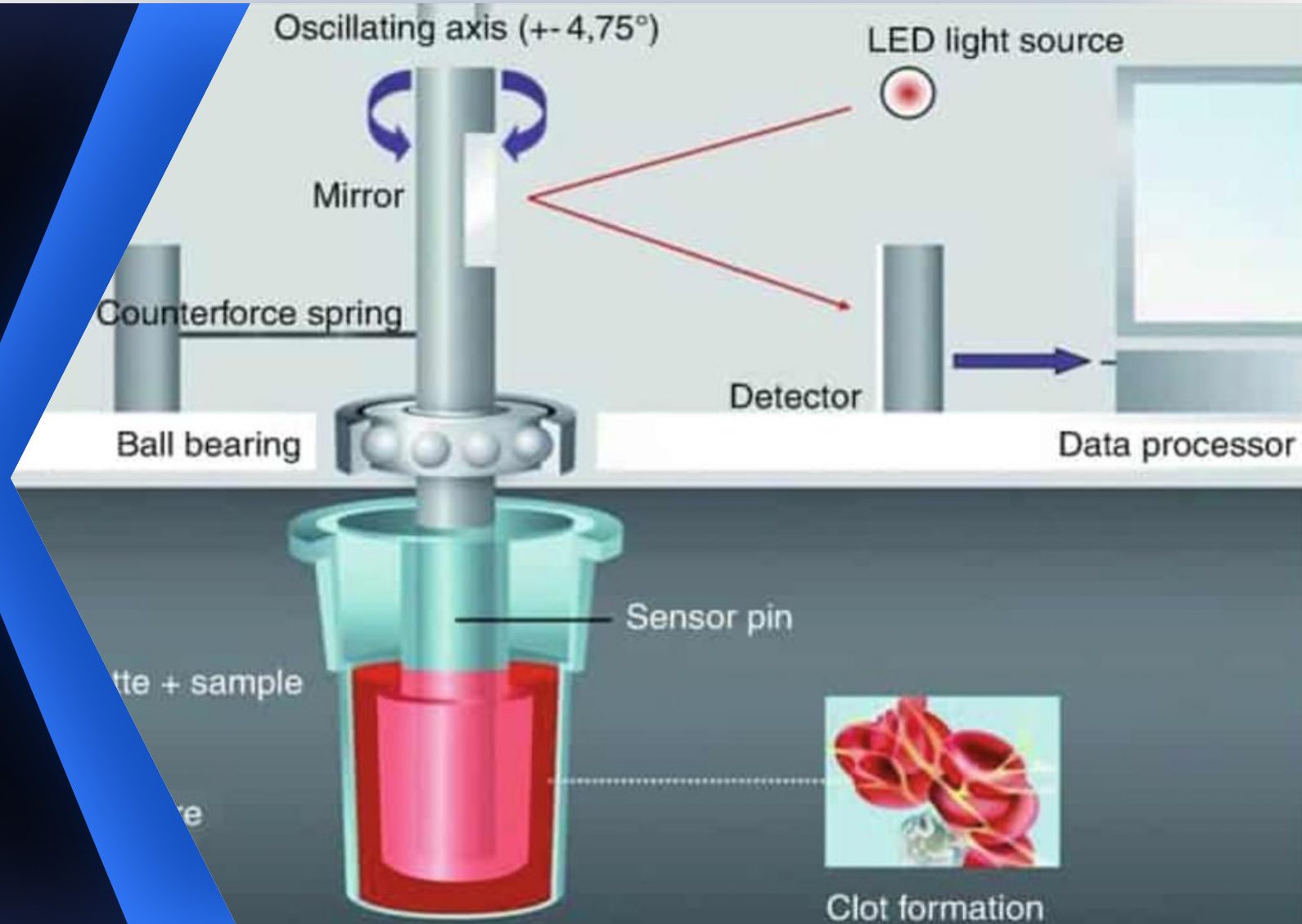
ROTEM delta consists of

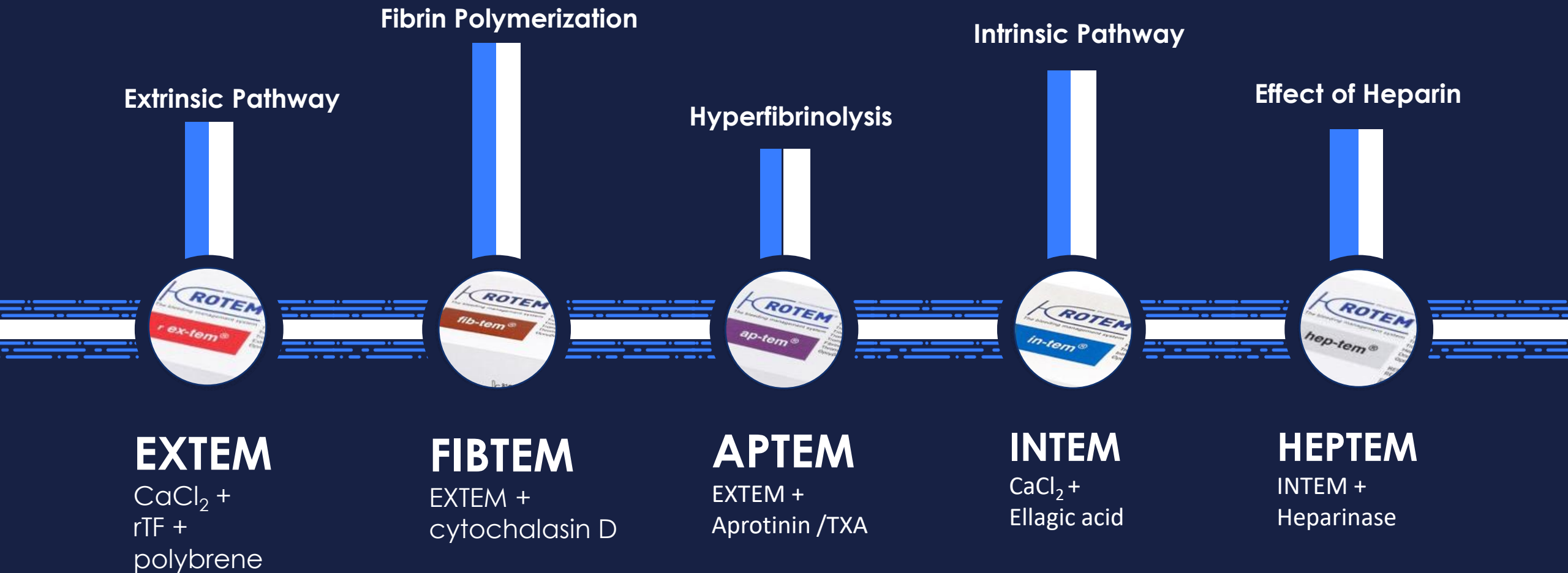
- Four temperature-adjusted independent measurement channels
- Software-assisted automatic pipette



TECHNICAL ASPECT

INSIDE OF A
MEASUREMENT UNIT



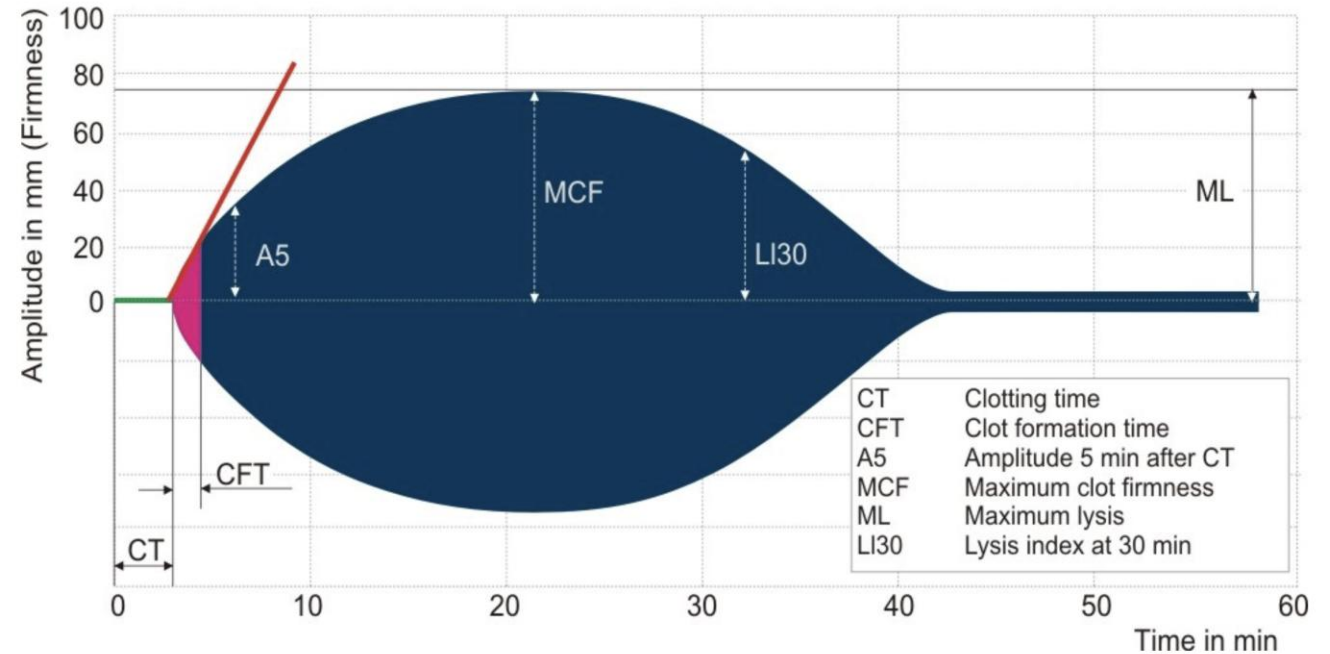


ROTEM Assays

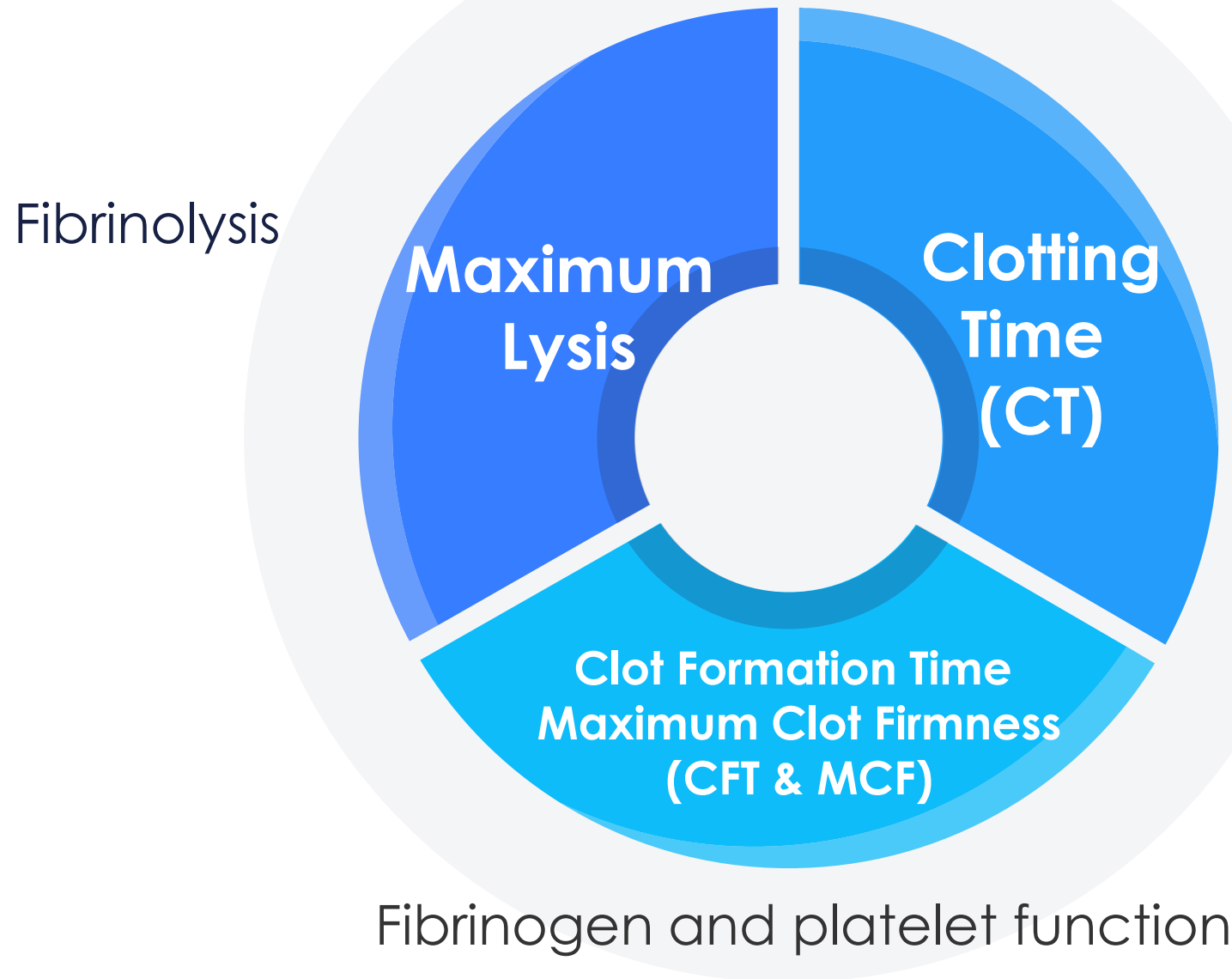


2) RESULTS OF ROTEM

- CT: Clotting time
- CFT: Clot formation time (s)
- A5: Clot strength value in time of 5 min from CT (mm)
- **MCF: maximum clot firmness (mm)**
- LI30: Residual clot firmness at 30 min after CT (described in % of MCF)
- ML—maximum clot lysis (%)



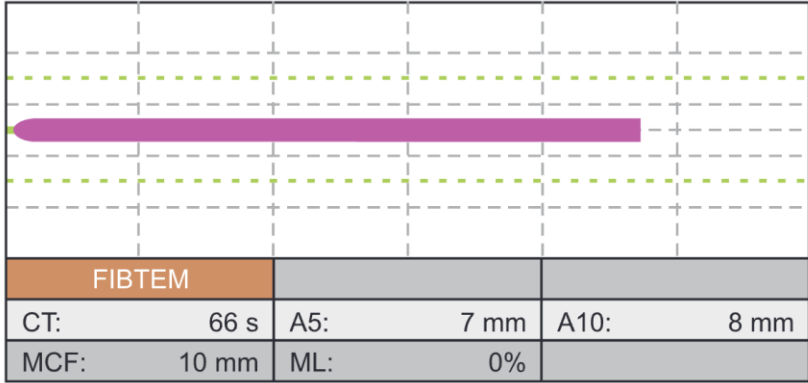
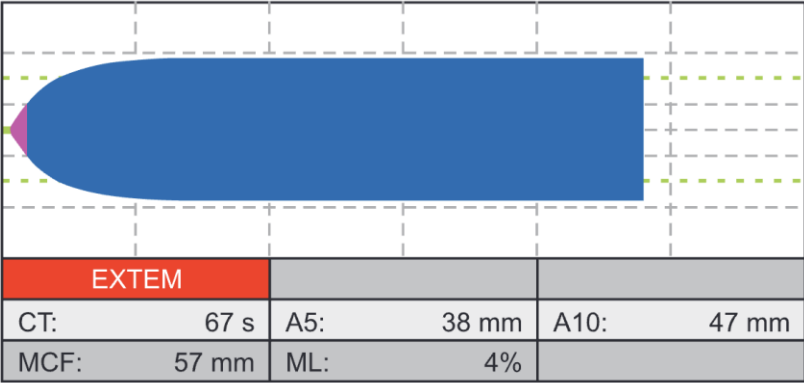
3) INTERPRETATION OF RESULTS



- Reflects the speed of thrombin generation
- Mainly affected by
 - 1) Enzymatic activity of coagulation factors
 - 2) Concentration of anticoagulants
 - 3) level of fibrinogen

Normal clot:

CT _{EX}	43–82 s
A5 _{EX}	33–52 mm
MCF _{EX}	52–70 mm
ML _{EX} or ML _{FIB}	< 15%
LI60 _{EX} or LI60 _{FIB}	> 85%
A5 _{FIB}	5–20 mm
MCF _{FIB}	7–24 mm



Normal clot (adequate
heparin-reversal with
protamine after CPB):

CT_{IN} 122–208 s
A5_{IN} 33–52 mm
MCF_{IN} 51–72 mm
CT_{IN}/CT_{HEP}-ratio 0.9–1.1

