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Meta-analysis of the Sources of Bleeding after Adult Cardiac Surgery

Short title: Surgical bleeding after cardiac surgery

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Abstract

Objective: The aim of this study was to pool data on the proportion and prognostic impact of sources of bleeding in patients requiring reexploration after adult cardiac surgery.

Design: Systematic review of the literature and meta-analysis.

Setting: Multistitutional study.

Measurements and main results: A literature review was performed to identify studies published since 1990 evaluating the outcome after reoperation for bleeding or tamponade after adult cardiac surgery.

Eighteen studies including 51497 patients fulfilled the selection criteria. Reoperation for bleeding/tamponade was performed in 2455 patients (4.6% (95%CI 3.9-5.2%, I^2 92%). These had a significantly higher risk of in-hospital/30-day mortality compared to patients not reoperated for bleeding (pooled rates, 9.3% vs. 2.3%, RR 3.30, 95%CI 2.52-4.32, I^2 47%, 8 studies, 25463 patients). Surgical sites of bleeding were identified in 65.7%

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