

Introduction

Bleeding remain a complication of certain complex surgical procedures particularly cardiac operations that are associated with long bypass time. (*Westaby: 1997*)

Mediastinal bleeding after CPB is one of the most frequently reported complications of cardiac operations, (*Hartstein, et al.: 1996*) and is usually associated with complexity of abnormalities in hemostasis (*Ellison N.: 1989*) including; preoperative causes which may be inherited or acquired (*Coleman R. W. et al.: 1987*) effect of extracorporeal circulation on normal hemostasis, anticoagulant use during bypass. (*V. J. Martlew: 2000*)

For cardiac anaesthiologist clear understanding of blood physiology and hemostasis is a must for evaluation and management of pre-operative and post-operative coagulation problems (*Kaplan K.: 1999*), role of anticoagulant use during bypass to prevent coagulation while using heart-lung machine should be in mind when we deal with the problem (*Hartstein, et al.: 1996*), and extracorporealization of blood with subsequent changes in blood coagulation mechanisms that occur as a result. (*Lyman D. J., et al.: 1995*).

Many strategies have been planned for management of bleeding after CPB bypass, role of coagulants, hemostatic effect of low dose Protamine (*Miyashita T., et al.: 2000*) influence of antifibrinolytic therapy (*Westaby: 1997*) and role of blood component therapy (*Blajchman M. A., et al.: 1999*)