

Acute type A aortic dissection (ATAD) is a life-threatening medical condition. Emergency surgery confers the best chance of survival, but has up to 25% risk of mortality. Uncontrollable haemorrhage occurs in approximately 20% of these patients and is the third most common cause of patient death.¹ Many cardiac surgeons consider refusal of blood transfusion as a contraindication to ATAD repair. We describe a Jehovah's Witness with ATAD who refused blood transfusion, but after deliberation with the surgeon accepted platelet transfusion, the use of cell-saver and topical haemostatic agents. A 55-year-old male was airlifted to our hospital after ATAD had been diagnosed on computed tomography pulmonary angiography at his base hospital when he presented with central chest pain. The patient had stable vital signs with arterial blood pressure controlled with intravenous labetalol infusion. Blood tests revealed mild anaemia, normal platelet count, renal and liver function as well as coagulation tests results. A computed tomography aortogram demonstrated aortic dissection that extended from the aortic root to the iliac arteries. Transthoracic echocardiography showed normal systolic heart function and a trileaflet aortic valve with moderate aortic regurgitation. The patient underwent emergency ATAD repair using hypothermic circulatory arrest. The post-operative period was uncomplicated with the nadir haemoglobin concentration of 70 g/L. Surgical repair of ATAD causes significant blood loss. Only 6% of post-operative ATAD patients do not require either allogeneic red blood cell or platelet transfusion and 11% of patients require platelets transfusion alone.² Thus, our patient had a 17% chance of not requiring allogeneic red blood cell transfusion provided platelets could be used. Our case emphasizes the importance of an effective doctor–Jehovah's Witness patient relationship. Clinicians should use a combination of the interpretive and deliberative models for communication that are centred on utilizing patients' health-related preferences towards achieving the best medical outcome.³

References 1. McClure RS, Ouzounian M, Boodhwani M et al. Cause of death following surgery for acute type A dissection: evidence from the Canadian Thoracic Aortic Collaborative. *Aorta* 2017; 5: 33–41. 2. Naeem SS, Sodha NR, Sellke FW, Ehsan A. Impact of packed red blood cell and platelet transfusions in patients undergoing dissection repair. *J. Surg. Res.* 2018; 232