Cruzando continentes 2026/2027

03.09.2026

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Líder Clínica de la Auditoría Nacional de Cuidados al Final de la Vida

Del Oxford Advanced Course 2026 en adelante…

- Segunda colaboración “entre continentes”

- Tres sesiones planeadas:
  - Hoy
  - 03.12.2026
  - 06.05.2027

Hoy hablaremos sobre

- Manejo de la hemorragia por heridas de superficie

- Velocidades de ventilador en el control de la falta de aire

Manejo de la hemorragia por heridas de superficie

Chitosan for arterial bleeding in advanced head and neck cancer

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BACKGROUND

Externalised bleeding from fungating tumour sites is a challenge in the palliative care setting. These are highly distressing events for patients, family members and healthcare professionals, and often can be a traumatic terminal event. Where specialist palliative care units or hospices are remote to hospital sites, managing symptoms with more limited access to support from other specialities, including surgical colleagues, interventions such as haemostatic agents are necessary.

Specialist palliative care guidelines discuss the use of topical agents to manage evident bleeding points not relieved by direct pressure alone, such as silver nitrate sticks for cauterisation and tranexamic acid soaks or adrenaline-soaked swabs for local haemostasis.[1 2] However, these mechanisms are less effective when a direct bleeding point cannot be localised and direct pressure cannot be applied, such as in the case described below.

Celox (Medtrade Products, Crewe, UK) is a chitosan-based haemostatic

was managed with intravenous fluids and intravenous bisphosphonates.

The primary tumour was located in the right tonsillolingual sulcus with significant right level II cystic lymphadenopathy (figure 1). Recent local progression had resulted in externalisation of the nodal mass. This resulted in a highly friable tumour mass. At the time of admission, exudate was evident, which was sent for culture and sensitivities. This revealed a light growth of anaerobic bacteria and was managed with topical metronidazole. The wound was being dressed with various antimicrobial and odour-absorbent dressings.

It had been noted in the community that there was occasional blood streaking of the wound dressings. In anticipation of further bleeding from the tumour, tranexamic acid soaks were prescribed, and high-dose intramuscular midazolam (10 mg) was prescribed in case of a terminal haemorrhagic event.

With management of hypercalcaemia,

NOT open access:

Chitosan para hemorragias arteriales en cáncer avanzado de cabeza y cuello

Problema a discutir

- Herida que sangra – puede ser arterial o venosa
- Paciente en los últimos meses / semanas / días de vida
- ¿Opciones de tratamiento?
- ¿Hay infección en la herida?

Opciones para controlar el sangrado

1. Presión sobre la herida para lograr hemostasia
2. Apósitos hemostaticos. P ej: kaltostat o sorbsan
    - Apósitos de alginato de calcio
    - No licienciados para este uso

Opciones para controlar el sangrado

3. Nitrato de plata ($AgNO_3$) palillos aplicados sobre punto visible de sangrado
   - Cauterización química
   - Iones de plata producen necrosis
   - Areas pequeñas

Opciones para controlar el sangrado

4. **Adrenalina 1:1000**
   - Empapada en gasas por 5 – 10 ml
   - Presión sobre sitio de sangrado por 5 – 10 minutos
   - Vasoconstricción de vaso/s
   - Puede haber sangrado de rebote
5. **Acido Tranexámico 1mg/ml**
   - Empapada en gasas 5 – 10 ml
   - Presión sobre sitio de sangrado por 5 – 10 minutos
   - Vasoconstricción de vaso/s
   - Puede haber sangrado de rebote
   - Si el paciente recibe ácido tranexámico por VO o SC, usar otra droga

Cosas que nunca he usado…..

6. Sucralfato – 2 x 1g tabletas trituradas en gelatina soluble en agua (KY)
7. Desmopresina IV/SC/intranasal – actúa sobre los receptores V2 en las células endoteliales liberando factor VIII y el factor VW. Util en la disfunción plaquetaria – considerar si existe disfunción renal y hepática

8. Xylometazolina spray nasal – aplicado sobre la piel

¿Qué deberíamos usar? – Hablemos sobre esto

- Presión
- Adrenalina or Acido Tranexámico topico
- Chitosan (Celox)

Chitosan – que es?

- Polímero hecho a partir de subproductos de mariscos, principalmente cáscaras de langostinos
- Existe desde hace mas de 100 años
- 2006 renovado Interés y uso en campo de batalla para prueba inmediata sobre heridas sangrantes

Chitosan

- Gasas o gránulos
- Vida útil de 4 años
- UK - £14 (US $ 19) por ‘envase’ de gránulos

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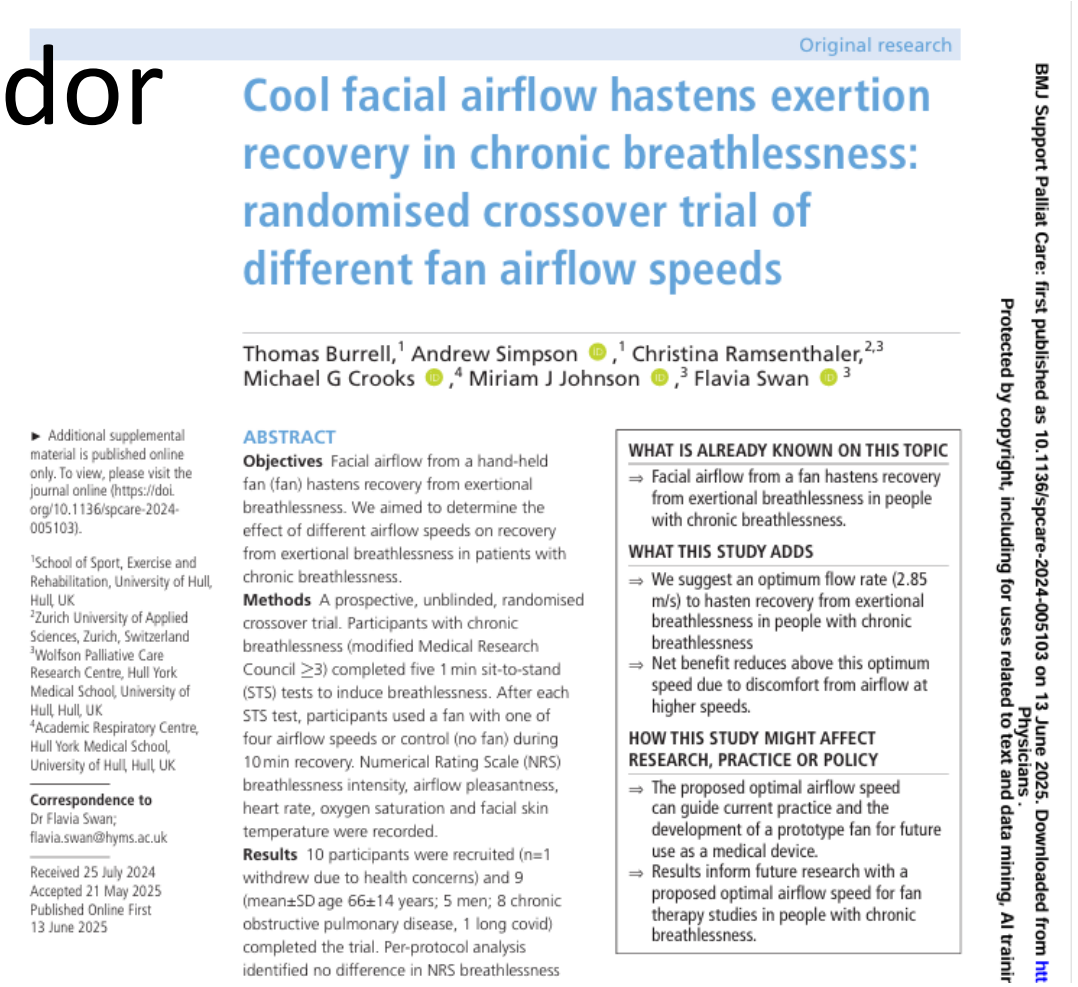
Referencias

- www.celoxmedical.com
- MedicinesComplete — CONTENT > Palliative Care Formulary > Drug: Haemostatics
- BMJ SPC article

Para discutir

- Qué usan ustedes?
- Han usado Celox/Chitosán?
- El Celox/Chitosán se halla disponible en America Latina?

3. Ensayo clínico controlado: diferente velocidad del ventilador



Original research

Cool facial airflow hastens exertion recovery in chronic breathlessness: randomised crossover trial of different fan airflow speeds

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► Additional supplemental material is published online only. To view, please visit the journal online (https://doi.org/10.1136/spcare-2024-005103).

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ABSTRACT

Objectives Facial airflow from a hand-held fan (fan) hastens recovery from exertional breathlessness. We aimed to determine the effect of different airflow speeds on recovery from exertional breathlessness in patients with chronic breathlessness.

Methods A prospective, unblinded, randomised crossover trial. Participants with chronic breathlessness (modified Medical Research Council ≥3) completed five 1 min sit-to-stand (STS) tests to induce breathlessness. After each STS test, participants used a fan with one of four airflow speeds or control (no fan) during 10 min recovery. Numerical Rating Scale (NRS) breathlessness intensity, airflow pleasantness, heart rate, oxygen saturation and facial skin temperature were recorded.

Results 10 participants were recruited (n=1 withdrew due to health concerns) and 9 (mean±SD age 66±14 years; 5 men; 8 chronic obstructive pulmonary disease, 1 long covid) completed the trial. Per-protocol analysis identified no difference in NRS breathlessness

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Facial airflow from a fan hastens recovery from exertional breathlessness in people with chronic breathlessness.

WHAT THIS STUDY ADDS

⇒ We suggest an optimum flow rate (2.85 m/s) to hasten recovery from exertional breathlessness in people with chronic breathlessness

⇒ Net benefit reduces above this optimum speed due to discomfort from airflow at higher speeds.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The proposed optimal airflow speed can guide current practice and the development of a prototype fan for future use as a medical device.

⇒ Results inform future research with a proposed optimal airflow speed for fan therapy studies in people with chronic breathlessness.

El flujo de aire facial frío acelera la recuperación del esfuerzo en la falta crónica de aire: prueba aleatorizada cruzada de diferentes velocidades de flujo de aire de ventilador

RCT diferentes velocidades del ventilador

Hallazgos:

1. Velocidad de flujo de aire: 2,85 m/s – mejor recuperación

Mecanismos:

1. Compuerta neural respiratoria
2. Efecto techo y curva en forma de U: estimulación trigeminal máxima

Gracias

- ¿Ustedes usa ventiladores a diferentes velocidades?
- Aspectos adicionales a discutir/ Preguntas