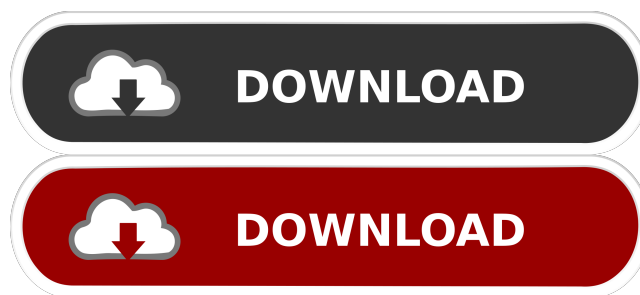

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Statistically superior prediction of postoperative blood loss in aortic aneurysm surgery. This study investigated whether the quantification of the variables described by the Revised Cardiac Risk Index (RCRI) could be used to statistically predict postoperative blood loss in aortic aneurysm (AA) surgery. Medical records of 2,839 consecutive patients undergoing AA surgery between January 2000 and December 2002 were retrospectively reviewed. Patients were divided into tertiles on the basis of the RCRI scores: RCRI tertile-1 (n = 1,104; 18.1%), RCRI tertile-2 (n = 1,072; 16.8%), and RCRI tertile-3 (n = 1,058; 16.9%). The data were analyzed for significant differences among the groups with regard to intraoperative blood loss and 24-hour, 48-hour, and total fluid requirements, the need for blood transfusion, and the length of the intensive care unit (ICU) and hospital stays. The mean intraoperative blood loss was 316.4 +/- 202.4 mL in the RCRI tertile-1 group, 602.5 +/- 351.9 mL in the RCRI tertile-2 group, and 1,027.8 +/- 514.2 mL in the RCRI tertile-3 group (P 82157476af

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