

Scientific information on

Heart surgery

Causes of ischaemia:

Pre-operative

- Coronary heart disease/coronary infarction
- Increasingly advanced age of patients

Intra-operative

• Extracorporeal circulation with a heart-lung machine (Bypasses the heart and lungs, optionally brain)

Reduction of microcirculation





Risks after reperfusion:

- Damage to heart and lung tissue
- Hyperinflammation (= post reperfusion syndrome) leads to SIRS



Conventional measures to prevent SIRS:

- Corticosteroids
- Heparin coated extra corporeal circulation systems
- Aprotinin (anti-coagulant, withdrawn from the market end of 2007)
- Leukocyte filters
- Intraoperative ultrafiltration

however, up to date no clear-cut proof of efficacy

Data on selenium (selenite, some with selenase®):

- Coronary heart disease patients have low selenium levels [Altekin et al. Journal of Trace Elements in Medicine and Biology 2005; 18: 235-242]
- During extracorporeal circulation selenium levels fall by half within 30 minutes [Al-Bader et al. Cardiovasc Surg. 1998; 6(4): 406-414]
- Selenium status correlates with the duration of stay in ICU [Holzer et al. Pediatr Cardiol 2004; 25: 522-528]
- Selenium supplementation reduces ischaemia/reperfusion damage (animal model) [Turan et al. Antioxidants & Redox Signaling 2005; 7: 1388-1397]
- Selenium supplementation reduces mortality in SIRS/sepsis patients (SIC) [Angstwurm et al. Crit Care Med 2007; 35: 1-9]

Possible actions of selenium/selenase® supplementation:

- Maintenance of selenium levels during extracorporeal circulation
- Reduction of tissue damage in heart, lungs and brain
- Prevention or minimisation of systemic inflammation (SIRS)

Suggested timing and dosage for selenium supplementation:

Time point	Dosage
1 week pre-operative	500 μg Se/d as selenase® solution for injection
Bolus dose before defined ischaemia or reper- fusion into priming volume of heart-lung machine	1000 μg Se/d as selenase® solution for injection



a chance for your intensive care patients



selenase[®] -

- protects from endothelial, organ and reperfusion damage
- modulates inflammatory and coagulation pathways
- is very well tolerated



Abbreviated Prescribing Information

Abbreviated Prescribing Information selenase* 100 micrograms, solution for injection (50 micrograms/ml) selenase* 500 micrograms, solution for injection (50 micrograms/ml)

Active ingredient: sodium selenite pentahydrate. Composition: Each 2 ml ampoule/10 ml injection vial contains 100 micrograms/500 micrograms selenium as 333 micrograms/
1.66mg sodium selenite pentahydrate (Na,SeO, x 5H,O), corresponding to 50 micrograms/ml. Excipients: Sodium chloride, hydrochloric acid, Water for Injections. Indication: Proven selenium deficiency that cannot be offset from food sources. Posology and Administration: selenase* solution for injection is administered as an intramuscular or intravenous injection at a daily dose of 100 – 200 µg (1.27 – 2.53 µmol) selenium. If necessary, this dose can be increased to 500 µg (6.33 µmol) for a typical adult. No dosage adjustment is required for paediatric, renal or hepatic impairment patients. Contraindications: Selenosis. Interactions: Ensure that the pH value does not fall below 70 and that the solution is not mixed with reducing substances (e.g. vitamin C). Pregnancy and Lactation: There are no data from the use of selenase* in pregnant or lactating women. Undesirable Effects: None known to date when used as directed. Overdose: Counter measures include gastric lavage, forced diuresis, dialysis or administration of high doses of vitamin C. Pharmaceutical Precautions: Store below 25°C. Legal Category: POM. Presentation: Cartons containing 10 x 2ml ampoules / 10 x10ml glass vials for single use. MA Numbers: PL 20437/0003, PL 20437/0004. MA Holder: biosyn Arzneimittel GmbH, Schorndorfer Str 32, D-70734 Fellbach, Germany. Date of Preparation: November 2004

selenase® corrects selenium deficiency

