Indications and Contra-indications

GENERAL INDICATIONS
Cryoprecipitate is indicated for bleeding associated with
- Fibrinogen deficiencies
- Factor XIII deficiency.
- Patients with hemophilia A
- Von Willebrand’s disease (vWD) (vWF are not available.)

Contraindication
- Do not transfuse cryoprecipitate unless laboratory studies confirm deficiency of a specific clotting protein for which this component is indicated (e.g. fibrinogen).
- Cryoprecipitate should not be used in the critical care setting as a source of fibronectin to improve reticuloendothelial system function.

Specific conditions

Perioperative
- Fibrin Sealant: Both autologous and allogeneic cryoprecipitate units have been used in the preparation of fibrin sealant for topical use, but commercially produced, viral inactivated fibrin sealant is preferable with respect to safety and efficacy.

Oncology:
- Hypofibrinogenemia / dysfibrinogenemia: Transfuse for bleeding associated with fibrinogen levels <100 to 120 mg/dL or reduced functional levels of fibrinogen.

Critical Care
- Cryoprecipitate is especially useful when it is not possible to give enough FFP to provide adequate levels of fibrinogen without volume overloading the patient.
- Cryoprecipitate has been used for uremic bleeding, but efficacy has not been clearly demonstrated.

Massive Transfusion:
Transfuse for bleeding in massively transfused patients when the fibrinogen level is documented to be <100 mg/dL. This not likely to occur until after ~1 1/2 blood volumes are replaced.

Hypofibrinogenemia / dysfibrinogenemia:
Transfuse for bleeding. Most cases of hypofibrinogenemia/ dysfibrinogenemia in critical care are associated with DIC or hepatic insufficiency Transfuse if fibrinogen level is <100 mg/dL by a quantitative or functional assay.