

FIT FOR SURGERY

FIT FOR LIFE



PATIENT BLOOD MANAGEMENT

Patient Blood Management improves patient outcomes by improving the patient's medical and surgical management in ways that boost and conserve the patient's own blood.

One of the key areas where general practitioners can contribute to patient blood management is in the preparation of patients who are about to undergo elective surgery where blood loss is anticipated.

Ensuring iron stores are replete prior to surgery optimises the red cell mass and may prevent the need for a blood transfusion if the patient experiences blood loss during surgery.



ANAEMIA AND ELECTIVE SURGERY

Anaemia and iron deficiency has been identified as a significant issue in patients who are undergoing elective surgery.

Studies have estimated anaemia to be present preoperatively in around one in five patients.

Patients with pre-operative anaemia have other risks associated with surgery. One study found a five fold increase in 90 day mortality, another found increasing 30 day mortality associated with decreasing haematocrit.

Iron deficiency in the absence of anaemia is also a risk as it may impact an individual's ability to respond to blood loss.

If anaemia is identified it is important that the underlying cause is determined – this algorithm deals with decisions regarding therapy for anaemia and iron deficiency only.



ANAEMIA NEEDS TO BE CONSIDERED IN ALL PATIENTS UNDERGOING ELECTIVE SURGERY WHERE BLOOD LOSS IS ANTICIPATED.

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NO INFLAMMATORY INFLUENCE

Pre-operative (elective) patient blood management decision aid

Is there evidence of anaemia?

Females

Hb < 120 g/L

Males

Hb < 130 g/L



Ferritin is < 100 mcg/L



No treatment necessary



Consider iron supplementation if anticipated blood loss is significant

Ferritin <30 mcg/L

Iron deficiency anaemia

Commence iron therapy.

Investigate possible causes.

Consider referral.

Ferritin 30 - 100 mcg/L

Possible Iron deficiency anaemia

Commence iron therapy.

Investigate possible causes.

Consider referral.

Ferritin > 100 mcg/L

Possible anaemia of chronic disease or inflammation

Review patient for possible causes

Eg. Review renal function, presence of thalassaemia, B12/folate levels, liver and thyroid function.*

If blood work confirms the presence of anaemia after iron stores are replete- referral to specialist may be warranted

*Refer to inflammatory influence algorithm

Note: The underlying cause of iron deficiency and anaemia should be investigated in conjunction with treatment.