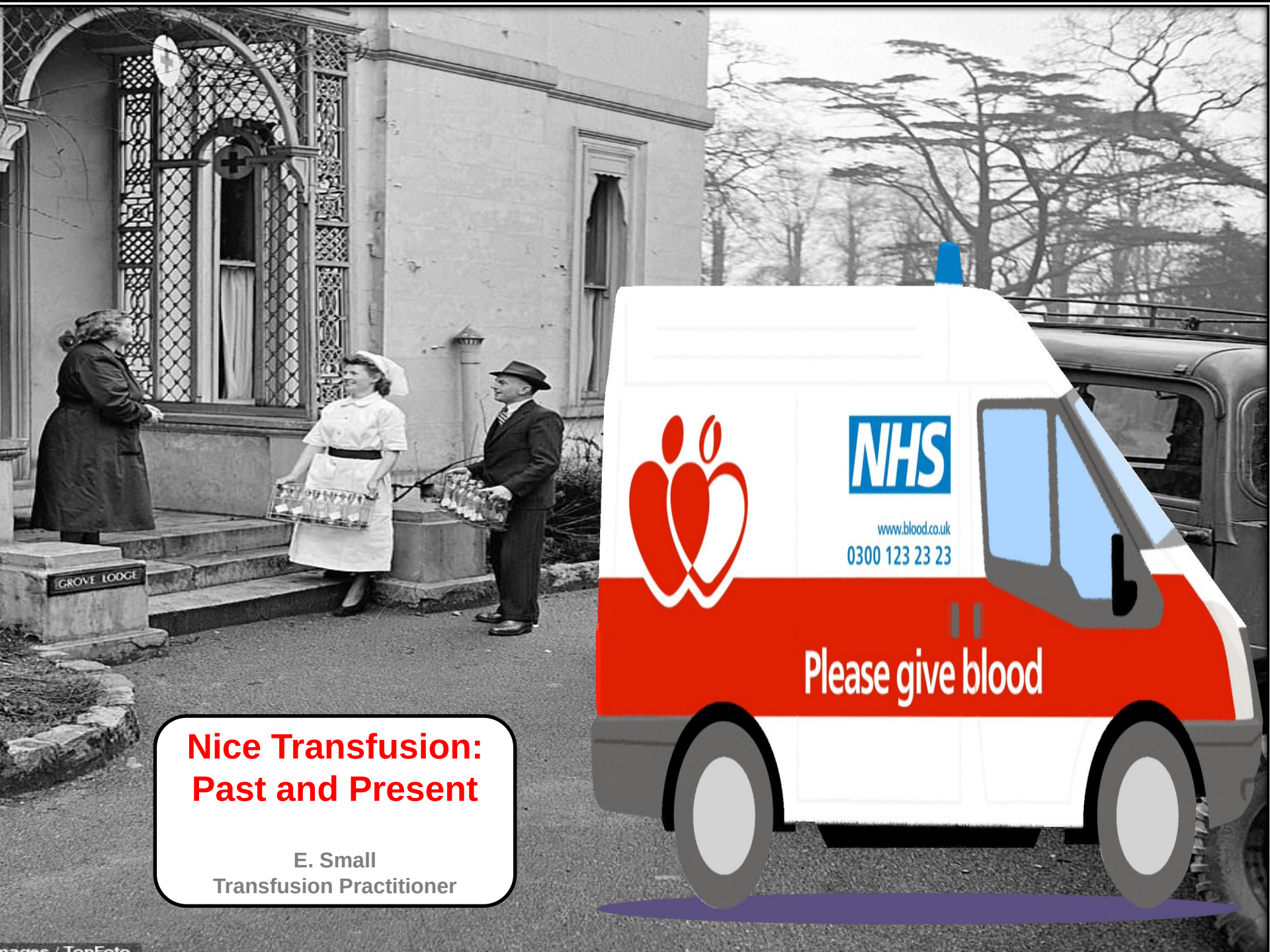
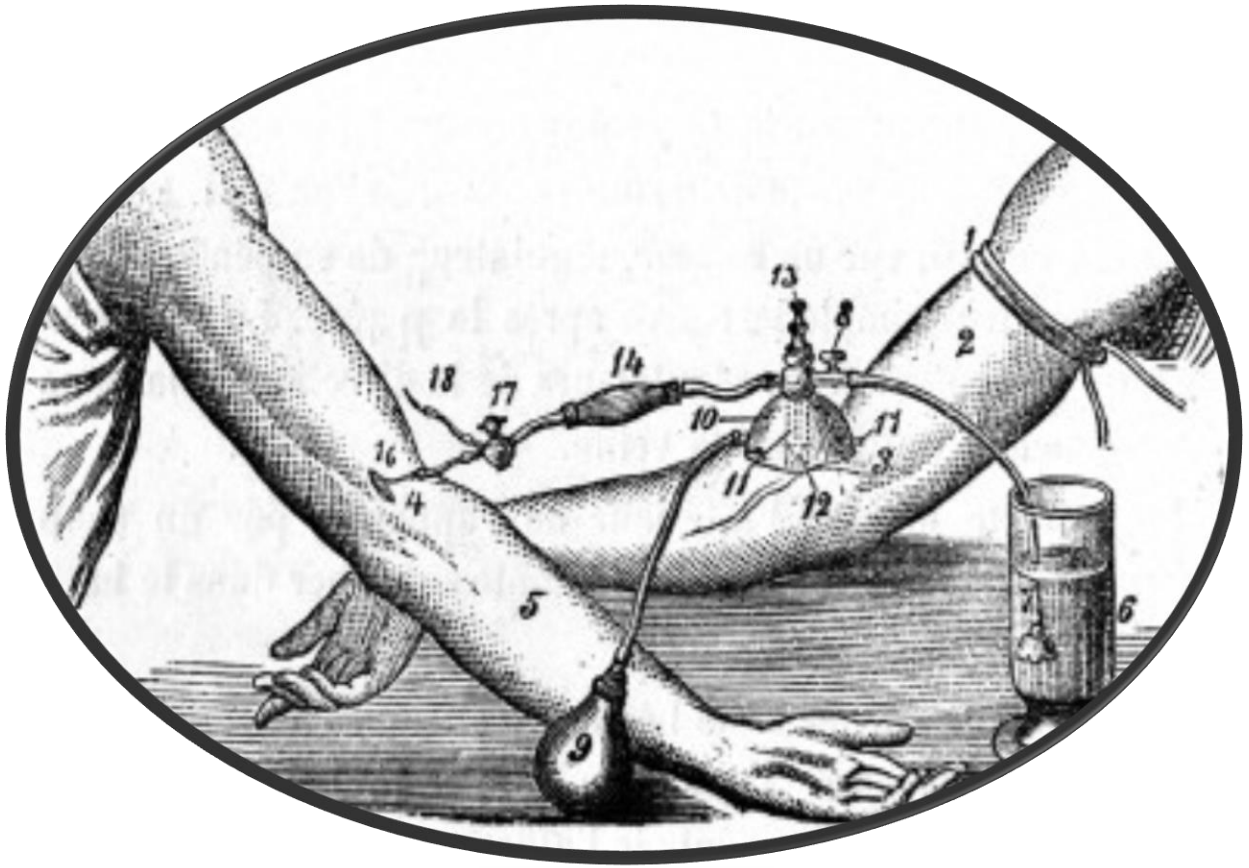


Nice Transfusion: Past and Present

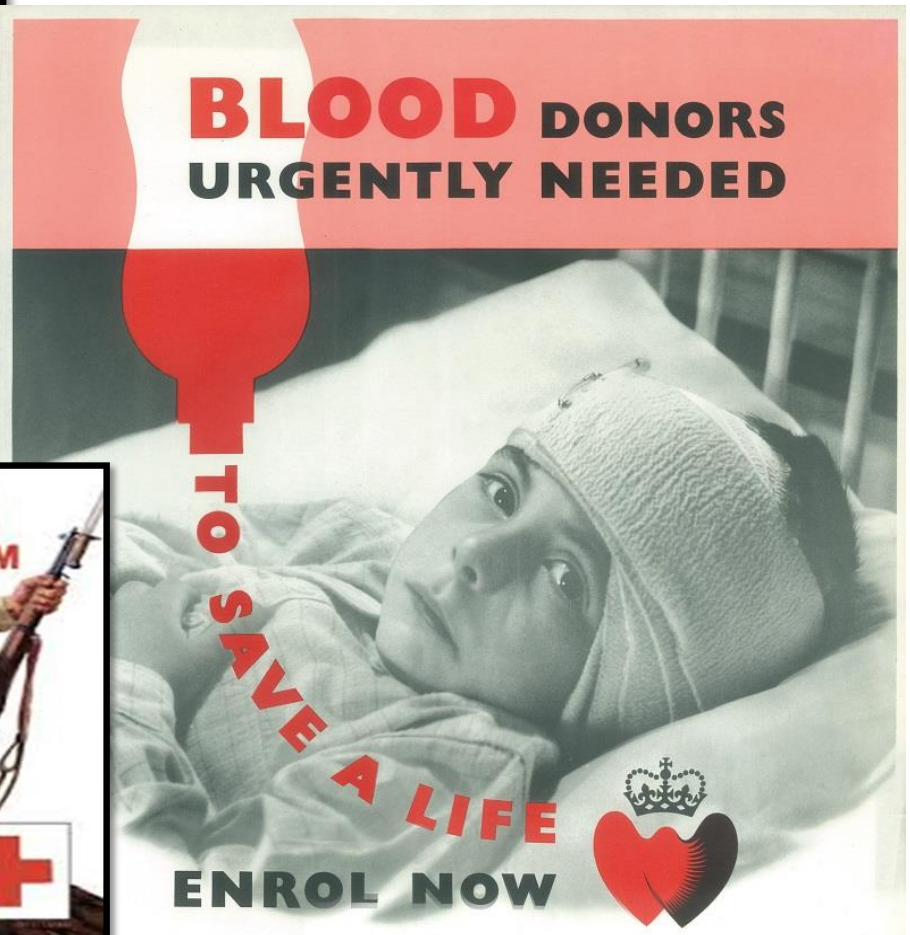
E. Small
Transfusion Practitioner

Introduction

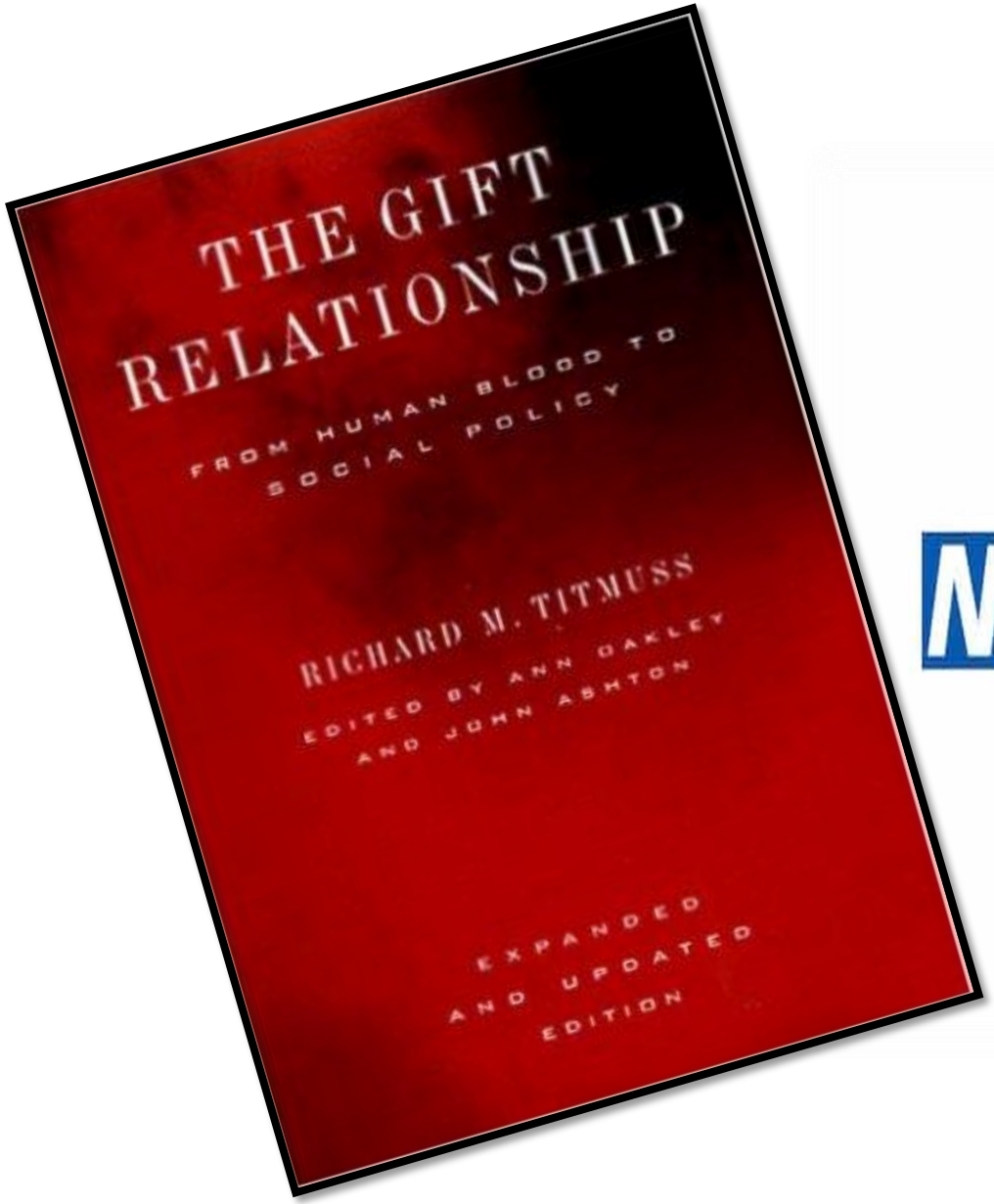


This picture illustrates the method of blood transfusion developed by Jean-Baptise Denys, 1625

Historical context of transfusion medicine

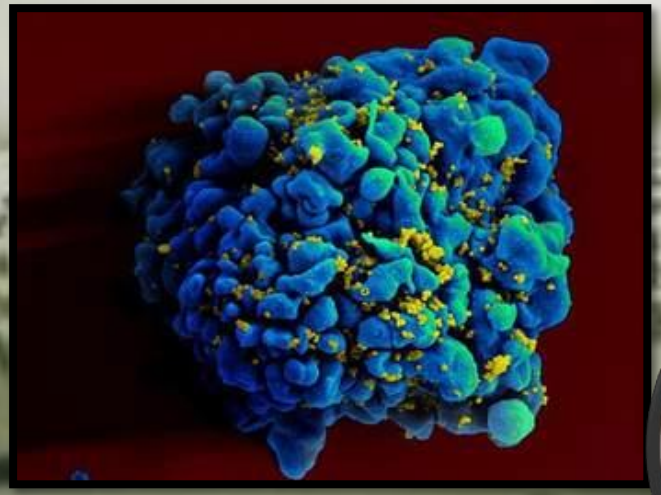


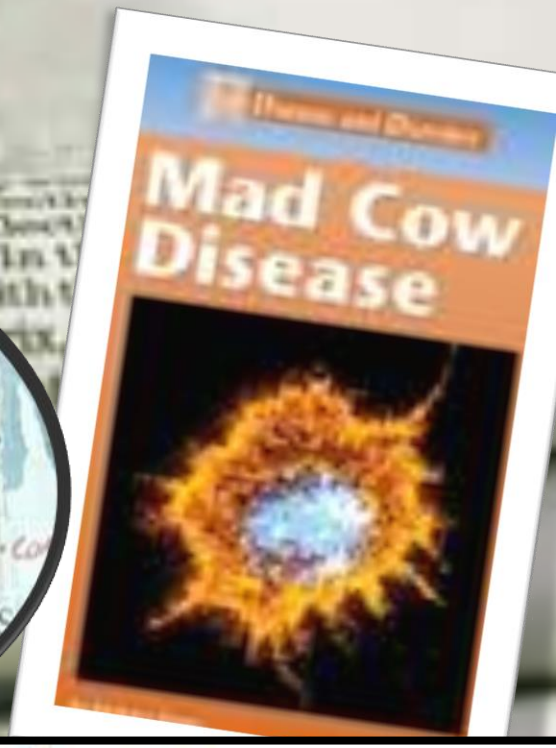
Transfusion and societal altruism

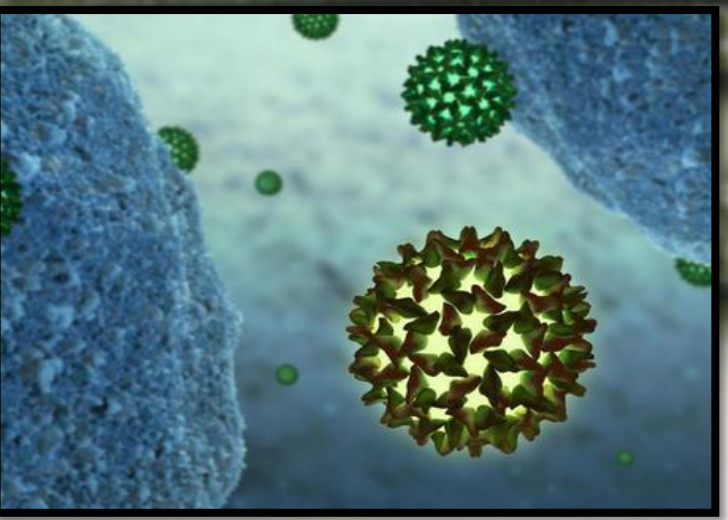


NHS

Transfusion: Dawning of the Age of Risk







Infected Blood Inquiry

The purpose of the inquiry is to:

- Examine why patients in the UK were given infected blood and the impact on their families;
- How the authorities responded
- The nature of any support provided following infection;
- Questions of consent
- Whether there was a cover-up

Spectrum of Transfusion Medicine: Group 1

Spectrum of Transfusion Medicine: Group 2

Based on randomised controlled trial literature, (31 trials involving 12,587 patients) in patients who do not have acute coronary artery disease, red cell transfusions should be withheld in the presence of haemoglobin concentrations as low as 70 - 80g/L and in the absence of notable bleeding.

Caron, J.J. et al (2016) Transfusion thresholds and other strategies for guiding allogenic red cell transfusion. The Cochrane Library [online]

NICE Quality Standard

Four statements

NICE Quality Standard QS138 - Statement 1

"People with iron-deficiency anaemia, who are having surgery should be offered iron supplementation before and after surgery".

Pre-operative anaemia is associated with increased postoperative morbidity and mortality, and with increased transfusion needs.

NICE Quality Standard QS138 - Statement 2

"Adults who are having surgery and are expected to have a moderate blood loss (>500 mL) should be offered tranexamic acid".

NICE Quality Standard QS138 - Statement 3

- There are two parts to this standard:

1. People are clinically reassessed after each unit red blood cells they receive
2. People have their haemoglobin levels checked after each unit

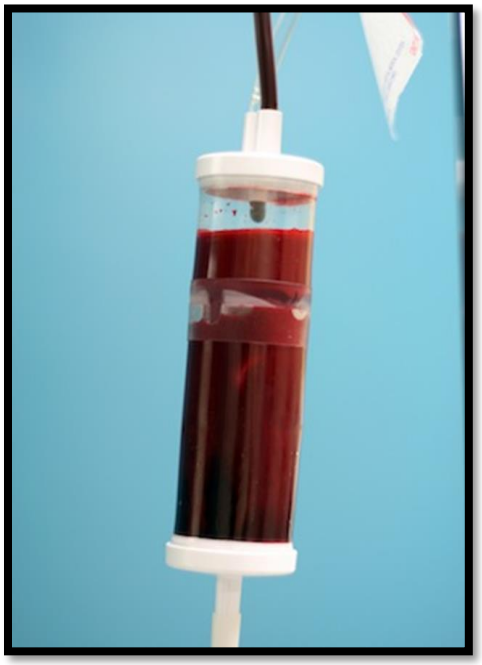
(unless they are bleeding or are on a chronic transfusion programme)

- NICE considers that both these interventions will help healthcare professionals to decide whether further transfusions are needed.

Rationale:

- Rationale is that all 3 statements are considered by NICE to be measures that reduce the need for transfusion.

- NICE recognises that there are serious risks associated with red blood cell transfusions, for example infection, fluid overload and incorrect blood transfusions being given.




Avoid transfusion may therefore reduce the length of hospital stays and the cost to the NHS

NICE Quality Standard QS138 - Statement 4

“People who may need or who have had a transfusion should be given verbal and written information about blood transfusion”.

Statement 4: rationale

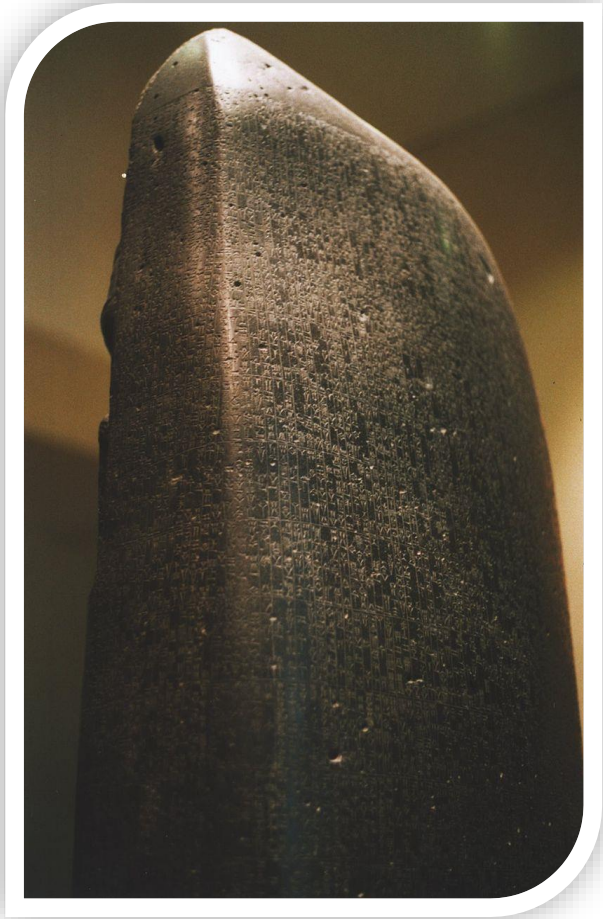
- It is important that people understand the benefits and risks of transfusion, so they can give informed consent.

- Discussing the alternatives, and knowing that they cannot donate blood after a blood transfusion, helps people to decide if they want one.

- In emergency cases information should be given after the transfusion

- Helping people to understand the process and its implications can improve their experience of receiving a blood transfusion.

In closing…



Code of Hammurabi (1754 BC)
Louvre, Paris

- Politics and ownership of anaemia (Engaging clinicians in primary care and secondary care)
- Competitive priorities in healthcare
- The notion that some medical procedures are unnecessary and can do more harm than good is as old as medicine itself [2]
- How do you change practice given the historical context and culture around transfusion

2. Malhotra, A. Choosing Wisely in the UK, BMJ 2015;350:h2308

Thank you