

Advances in Vascular Patient Blood Management

Nick Schofield
Consultant Anaesthetist
Royal Free London



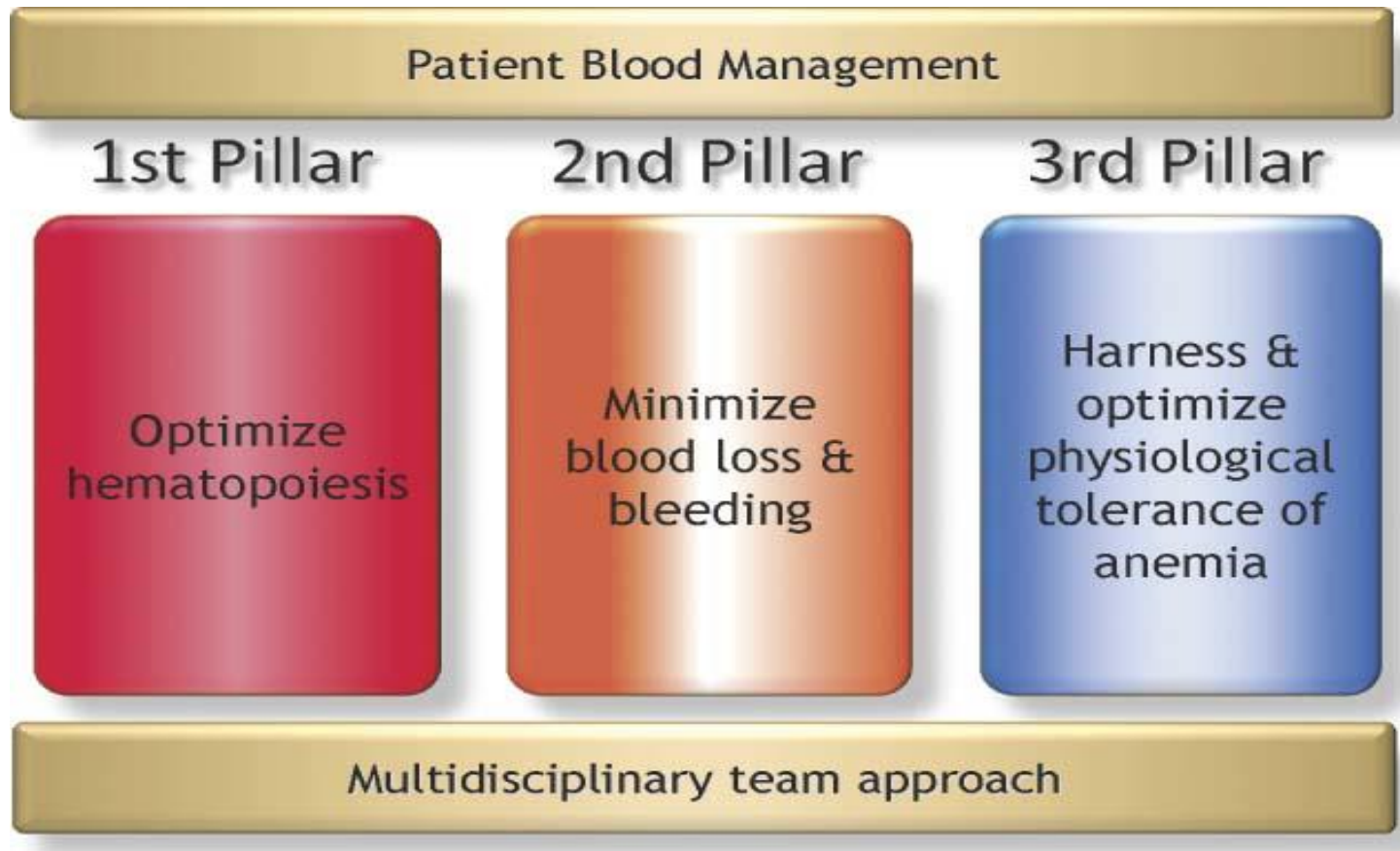
world class expertise  local care



Royal Free London
NHS Foundation Trust

(Vascular) Patient Blood Management

world class expertise  local care



ROYAL FREE HOSPITAL

PROTOCOL—VASCULAR PATIENT BLOOD MANAGEMENT

Patient details:

Name.....
MRN.....
DOB.....
Consultant.....

☐ Elective

☐ Emergency

Preoperative (Tick all that apply)

- ☐ Is the patient anaemic? (Male <130g/l, Female <120g/l):
- ☐ Has anaemia been investigated? (Iron studies/B12/Folate)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)
- ☐ Is the patient on anticoagulants and has appropriateness been reviewed
- ☐ Is the patient on antiplatelet agents and has appropriateness been reviewed
- ☐ Transfuse one unit if Hb <70g/L, with a Hb target of 70—90g/L after transfusion OR <80g/L in unstable IHD with a Hb target of 80 -100g/L after transfusion.
- ☐ Single Unit Transfusion Policy (recheck Hb after each unit)

HB: →

Intraoperative (Tick all that apply)

- ☐ Tranexamic Acid (1g)
- ☐ Cell salvage
- ☐ Swab Washing
- ☐ Single Unit Transfusion Policy (check Hb after each unit unless active haemorrhage)
- ☐ Point of care testing:
 - ☐ ACT
 - ☐ TEG

Postoperative (Tick all that apply)

- ☐ Restrictive blood samples (no 'routine' samples)
- ☐ Transfuse one unit if Hb <70g/L, with a Hb target of 70—90g/L after transfusion OR <80g/L in unstable IHD with a Hb target of 80 -100g/L after transfusion.
- ☐ Single Unit Transfusion Policy (recheck Hb after each unit)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)
- ☐ Use of IV iron where appropriate in patients likely to be in hospital > 1 week

ROYAL FREE HOSPITAL

PROTOCOL—VASCULAR PATIENT BLOOD MANAGEMENT

Patient details:

Name.....

MRN.....

DOB.....

Consultant.....

☐ Elective

☐ Emergency

Preoperative (Tick all that apply)

☐ Is the patient anaemic? (Male <130g/l, Female <120g/l):

☐ Has anaemia been investigated? (Iron studies/B12/Folate)

HB:



Preoperative (Tick all that apply)

☐ Is the patient anaemic? (Male <130g/l, Female <120g/l):

☐ Has anaemia been investigated? (Iron studies/B12/Folate)

☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)

☐ Is the patient on anticoagulants and has appropriateness been reviewed

☐ Is the patient on antiplatelet agents and has appropriateness been reviewed

☐ Transfuse one unit if Hb <70g/L, with a Hb target of 70—90g/L after transfusion OR <80g/L in unstable IHD with a Hb target of 80 -100g/L after transfusion.

☐ Single Unit Transfusion Policy (recheck Hb after each unit)

HB:



☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)

☐ Use of IV iron where appropriate in patients likely to be in hospital > 1 week

ROYAL FREE HOSPITAL

PROTOCOL—VASCULAR PATIENT BLOOD MANAGEMENT

Patient details:

Name.....
MRN.....
DOB.....
Consultant.....

☐ Elective

☐ Emergency

Preoperative (Tick all that apply)

- ☐ Is the patient anaemic? (Male <130g/l, Female <120g/l):
- ☐ Has anaemia been investigated? (Iron studies/B12/Folate)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)

HB:



Intraoperative (Tick all that apply)

- ☐ Tranexamic Acid (1g)
- ☐ Cell salvage
- ☐ Swab Washing
- ☐ Single Unit Transfusion Policy (check Hb after each unit unless active haemorrhage)
- ☐ Point of care testing:
- ☐ ACT
 - ☐ TEG

- ☐ Single Unit Transfusion Policy (recheck Hb after each unit)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)
- ☐ Use of IV iron where appropriate in patients likely to be in hospital > 1 week

ROYAL FREE HOSPITAL

PROTOCOL—VASCULAR PATIENT BLOOD MANAGEMENT

Patient details:

Name.....
MRN.....
DOB.....
Consultant.....

☐ Elective

☐ Emergency

Preoperative (Tick all that apply)

- ☐ Is the patient anaemic? (Male <130g/l, Female <120g/l):
- ☐ Has anaemia been investigated? (Iron studies/B12/Folate)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)

HB: →

Postoperative (Tick all that apply)

- ☐ Restrictive blood samples (no 'routine' samples)
- ☐ Transfuse one unit if Hb <70g/L, with a Hb target of 70—90g/L after transfusion OR <80g/L in unstable IHD with a Hb target of 80 -100g/L after transfusion.
- ☐ Single Unit Transfusion Policy (recheck Hb after each unit)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)
- ☐ Use of IV iron where appropriate in patients likely to be in hospital > 1 week

- ☐ Restrictive blood samples (no 'routine' samples)
- ☐ Transfuse one unit if Hb <70g/L, with a Hb target of 70—90g/L after transfusion OR <80g/L in unstable IHD with a Hb target of 80 -100g/L after transfusion.
- ☐ Single Unit Transfusion Policy (recheck Hb after each unit)
- ☐ If Iron deficient, has this been treated? (IV iron Cosmofer 20mg/kg)
- ☐ Use of IV iron where appropriate in patients likely to be in hospital > 1 week

Before and after PBM strategy

Year	2012 n =295 (15.0%)	2013 n = 418 (21.2%)	2014 n = 449 (22.8%)	2015 n = 400 (20.3%)	2016 n = 407 (20.7%)	P-value
Anaemia						
Preoperative	162 (54.9%)	219 (52.4%)	218 (48.6%)	214 (53.5%)	203 (49.9%)	0.388
Operations with blood components transfusion						
Red Blood Cell	88 (29.8%)	108 (25.8%)	105 (23.4%)	86 (21.5%)	67 (16.5%)	0.000
Units of blood components transfused						
Red Blood Cell	1.85 ± 4.66	1.17 ± 3.23	1.14 ± 3.22	0.80 ± 2.29	0.83 ± 3.58	0.001
Transfusion trigger, Hb g.l⁻¹						
Postoperative (n = 329)	76.3 ± 10.1	78.8 ± 8.9	73.9 ± 8.7	74.0 ± 9.4	71.8 ± 8.8	0.000

Before and after PBM strategy

Year	2012 n =295 (15.0%)	2013 n = 418 (21.2%)	2014 n = 449 (22.8%)	2015 n = 400 (20.3%)	2016 n = 407 (20.7%)	P-value
Anaemia						
Preoperative	162 (54.9%)	219 (52.4%)	218 (48.6%)	214 (53.5%)	203 (49.9%)	0.388
Operations with blood components transfusion						
Red Blood Cell	88 (29.8%)	108 (25.8%)	105 (23.4%)	86 (21.5%)	67 (16.5%)	0.000
Units of blood components trans						
Red Blood Cell	1.85 ± 4.66	1.17 ± 3.23	1.14 ± 3.22	0.80 ± 2.29	0.83 ± 3.58	0.001
Transfusion trigger, Hb g.l⁻¹						
Postoperative (n = 329)	76.3 ± 10.1	78.8 ± 8.9	73.9 ± 8.7	74.0 ± 9.4	71.8 ± 8.8	0.000

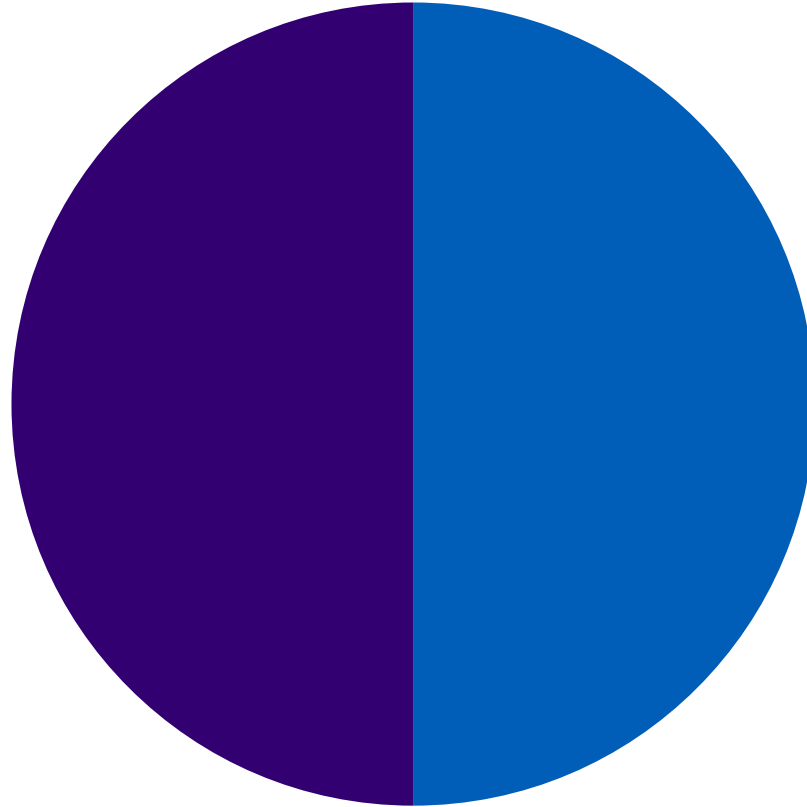
The components of PBM

anaemia
ə'ni:miə/

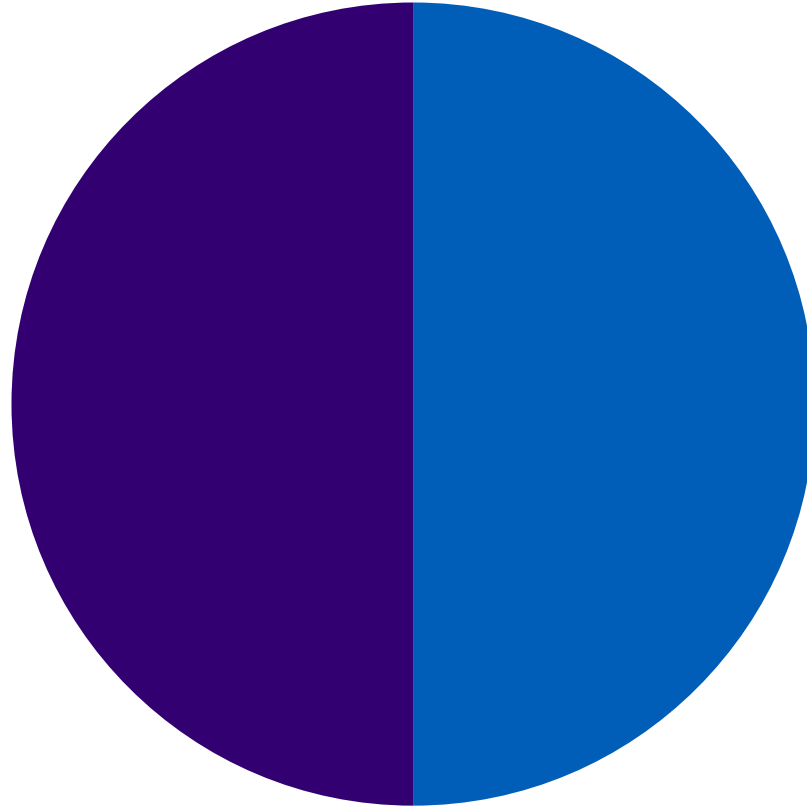
noun

noun: **anaemia**; noun: **anemia**

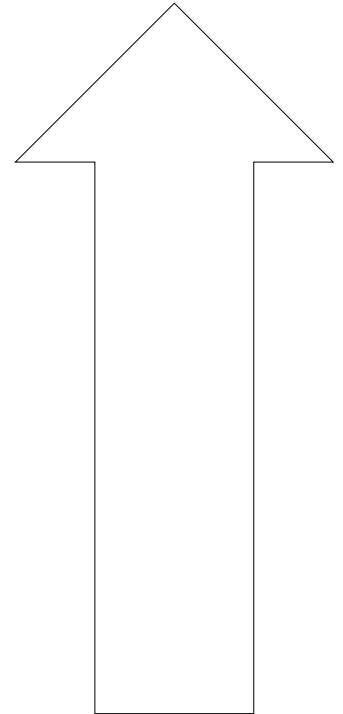
a condition in which there is a deficiency of red cells
or of haemoglobin in the blood, resulting in pallor
and weariness



world class expertise  local care



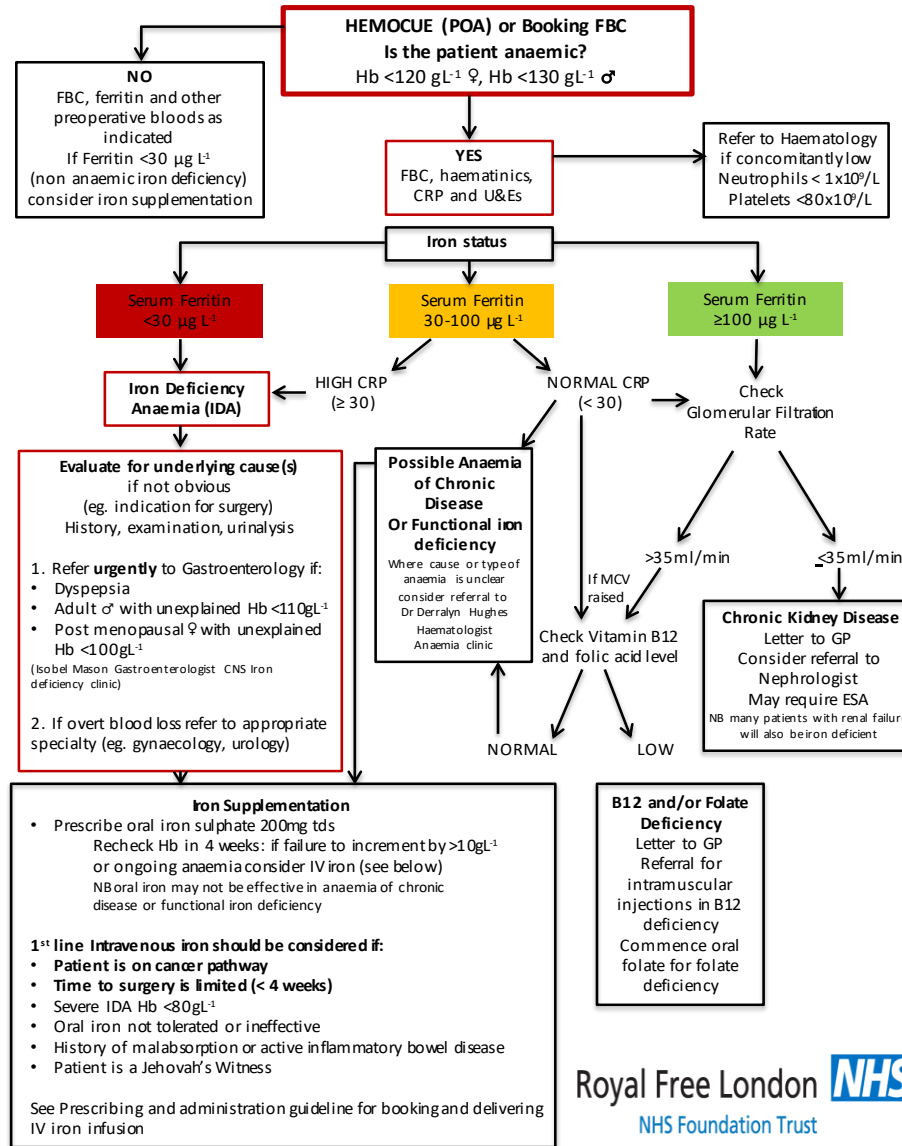
RISK



BMJ Open The UK Cardiac and Vascular Surgery Interventional Anaemia Response (CAVIAR) Study: protocol for an observational cohort study to determine the impact and effect of preoperative anaemia management in cardiac and vascular surgical patients

Marisa Chau,¹ Toby Richards,¹ Caroline Evans,² Anna Butcher,¹ Timothy Collier,³
Andrew Klein⁴

Pre-Operative Anaemia Optimisation Pathway



Royal Free London **NHS**
NHS Foundation Trust



Restrictive transfusion

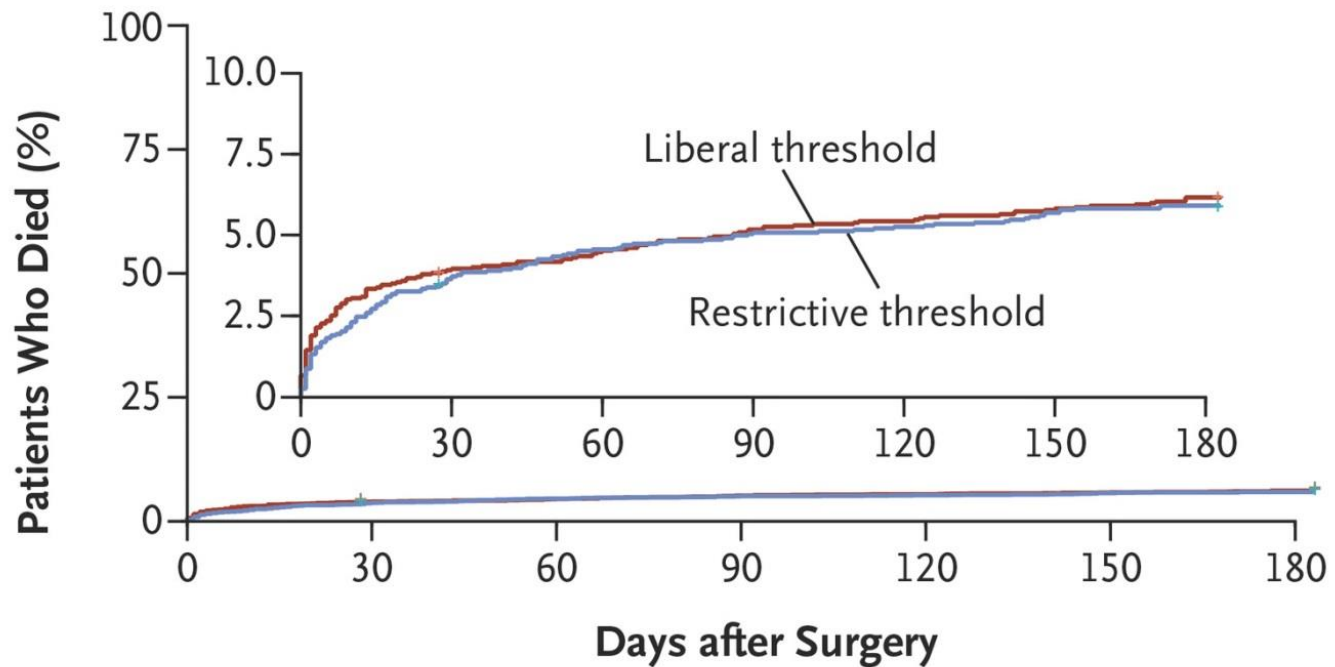
ORIGINAL ARTICLE

Six-Month Outcomes after Restrictive or Liberal Transfusion for Cardiac Surgery

C.D. Mazer, R.P. Whitlock, D.A. Fergusson, E. Belley-Cote, K. Connolly, B. Khanykin, A.J. Gregory, É. de Médicis, F.M. Carrier, S. McGuinness, P.J. Young, K. Byrne, J.C. Villar, A. Royse, H.P. Grocott, M.D. Seeberger, C. Mehta, F. Lellouche, G.M.T. Hare, T.W. Painter, S. Frenes, S. Syed, S.M. Bagshaw, N.-C. Hwang, C. Royse, J. Hall, D. Dai, N. Mistry, K. Thorpe, S. Verma, P. Jüni, and N. Shehata, for the TRICS Investigators and Perioperative Anesthesia Clinical Trials Group*

This article was published on August 26, 2018, at NEJM.org.

DOI: 10.1056/NEJMoal808561



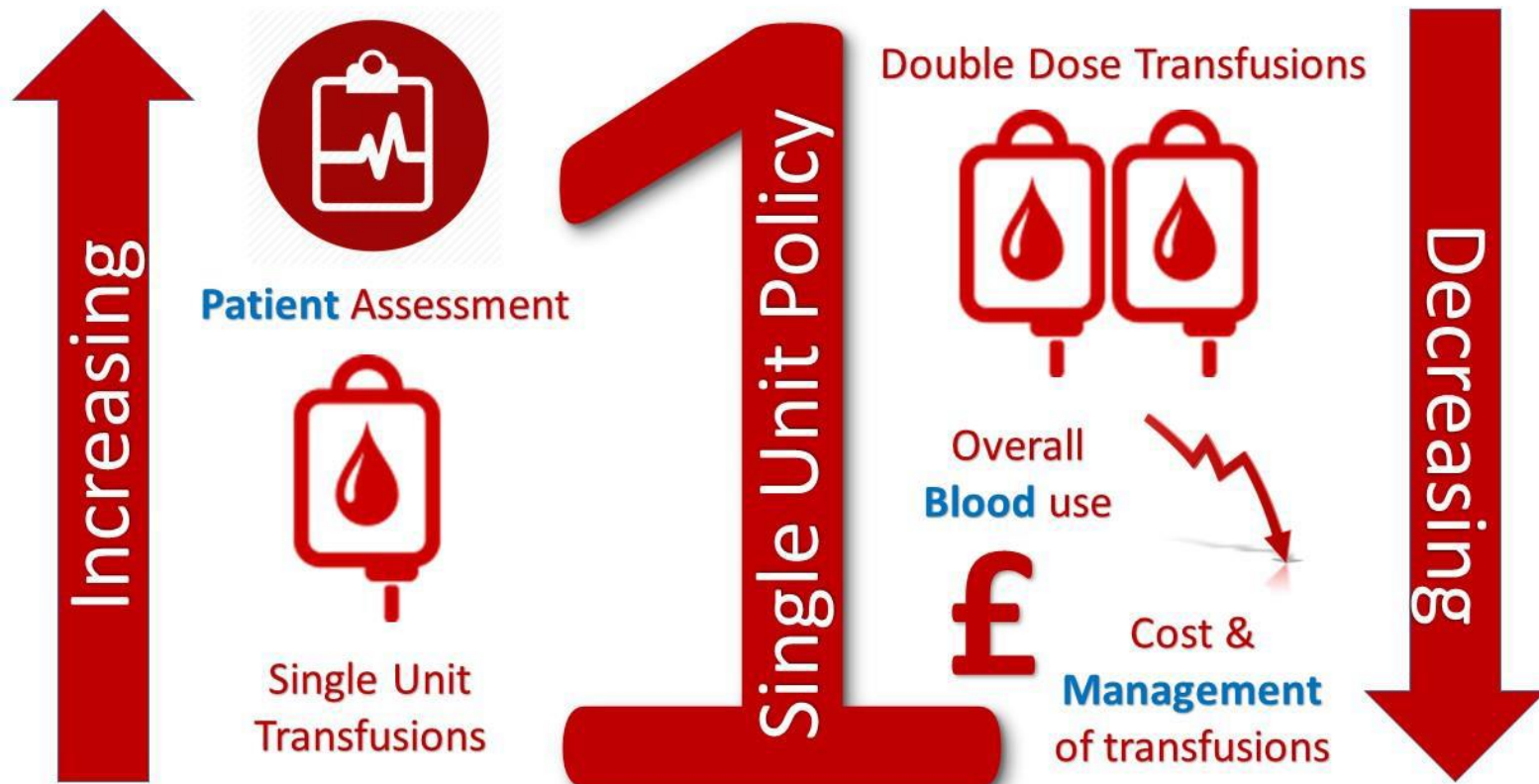
No. at Risk

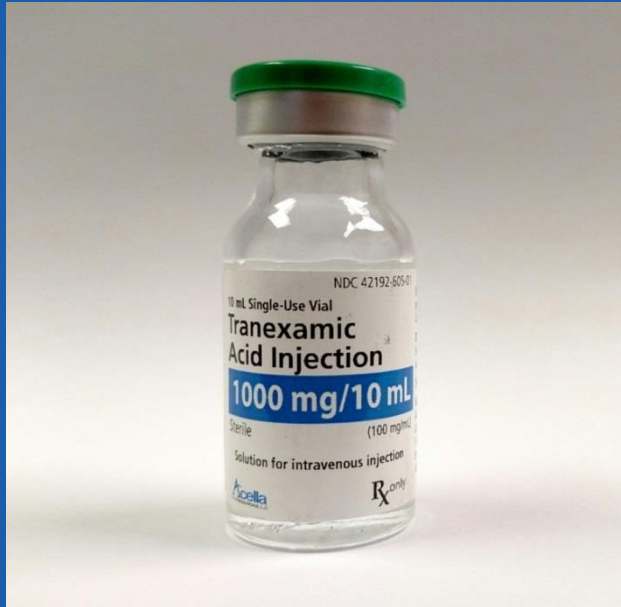
Liberal threshold	2429	2222	2209	2193	2187	2179	2170
Restrictive threshold	2427	2202	2181	2170	2165	2155	2150



Single unit transfusion

Single unit transfusion





Tranexamic acid



EJA

Eur J Anaesthesiol 2017; **34**:332–395

GUIDELINES

Management of severe perioperative bleeding: guidelines from the European Society of Anaesthesiology

world class expertise  local care


Royal Free London
NHS Foundation Trust



Cell salvage

Guidelines

Association of Anaesthetists guidelines: cell salvage for peri-operative blood conservation 2018

A. A. Klein,¹ C. R. Bailey,² A. J. Charlton,³ E. Evans,⁴ M. Guckian-Fisher,⁵ R. McCrossan,⁶
A. F. Nimmo,⁷ S. Payne,⁸ K. Shreeve,⁹ J. Smith¹⁰ and F. Torella¹¹



Royal Free London
NHS Foundation Trust

Point of care

world class expertise  local care

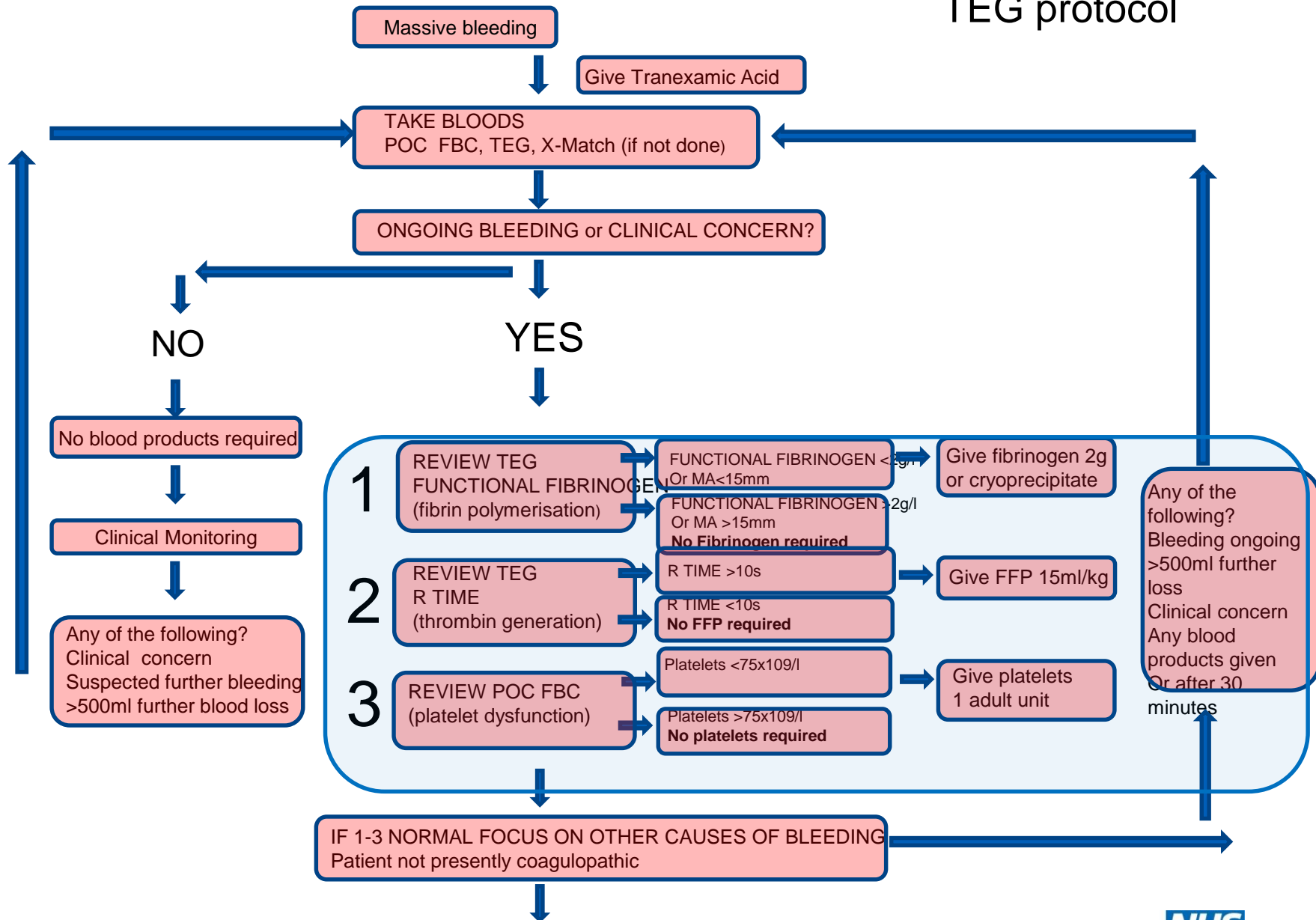


world class expertise  local care



world class expertise  local care

TEG protocol



world class expertise  local care

OPTIMISE PATIENT - Temp>36C Hb>80g/l pH>7.2 ionised Ca>1mmol/l
Transfuse one unit at a time unless massive ongoing haemorrhage

Factor 14 (surgeon)



world class expertise  local care