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**2015 National Comparative Audit of  
Lower Gastrointestinal Bleeding and  
the Use of Blood**

John Grant-Casey

# Why are we doing this audit?

- Lower gastrointestinal bleeding (LGIB) affects 30-40 people per 100,000 adults and accounts for up to 19,000 hospital admissions a year in the UK
- There is very little evidence-based guidance, which may lead to wide variation in diagnosis, management and outcomes. This may negatively impact on patient outcomes.
- There is an opportunity to reduce the use of blood and the variation in management



# RCS

ADVANCING SURGICAL STANDARDS



**BD  
RF**

Bowel Disease  
Research Foundation



The Association of Coloproctology  
of Great Britain and Ireland

# Method

- Sites were asked to identify all patients with a Lower GI Bleed in the period 1<sup>st</sup> September to 31<sup>st</sup> October 2015. These could be admitted with LGIB or developing LGIB while admitted for another reason
- Data was collected using audit booklets provided and there was an organisational questionnaire

# Sample size

- Data were collected by 143 hospitals across the United Kingdom, which includes 84% NHS Trusts in England.
- 138 hospitals provided data on the provision of services for LGIB in an organisational questionnaire
- 139 hospitals provided data on 2528 patients

## I'm going to cover

- **Transfusion triggers**
- **Number of units transfused**
- **Massive Haemorrhage Protocol**

## Summary of key findings – **Transfusion Trigger**

- 666/2493 (26.7%) patients received a red cell transfusion as part of their LGIB management
- Of these 666, 599 (89.9%) met the criteria for restrictive transfusion practice
- Transfusion guidelines suggest a restrictive trigger of 70g/L in patients without major bleeding or acute coronary syndrome
- **Only 117 (18.5%) of these patients had an Hb  $\leq$ 70g/L**
- Potential to save blood, reduce the risk of transfusion and save money

## Summary of key findings – **Units transfused**

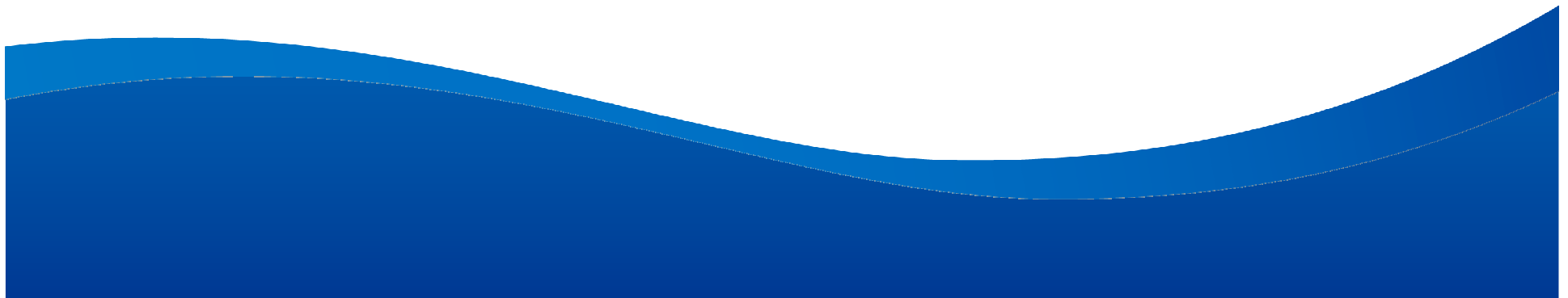
- The median number of red cell units in transfusion was 2.
- Most patients were transfused to a threshold of more than 90g/l
- The indication for the transfusion was often not clear.
- **As well as representing an opportunity to reduce the volume of red cells transfused, this may expose the patient to risks of over-transfusion.**



## Summary of key findings – Massive Transfusion Protocol

- **5/138** hospitals said they did not have a Massive Transfusion protocol. This probably reflects some surgeons' awareness that one exists, rather than one not being in existence
- DH guidance says that MHPs must be available on the Intranet and displayed in admission units
- While most sites had the MHP on their intranet, **only 36 (26%) displayed it in the admission areas.**
- Thus the standard for having the MHP on the Intranet *and* displaying it in admission units was met by **only 25% of hospitals.**
- **Several patients who had  $\geq 4$  units of blood and other products *did not* trigger the MHP. Perhaps they should.**

# Acknowledgements



## Our thanks go to

- All the staff in hospitals who put many hours into collecting these data
- **Members of the Project Group:**
  - Miss Kathryn Oakland
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  - Prof. Richard Guy
  - Prof. Mike Murphy
  - Dr. Raman Uberoi

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