

Men < 130g/l Women <120g/l

World Health Organization

Anaemia

- Independent risk factor
- Increase 30 day mortality
 - Hb<10 x4 increase

Musallam et al Oct 2011

Not removed by blood transfusion

Cardiopulmonary Exercise Testing

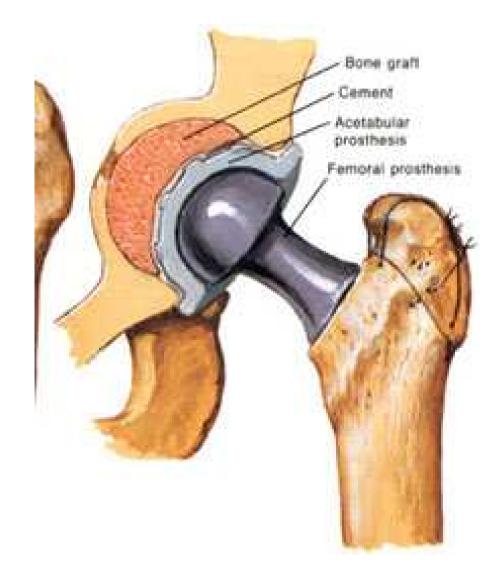


Anaerobic threshold decreased by 0.39 ml/kg/min for every drop in g/I HB



RD&E Elective Hip Arthroplasty

Anaemia increases length of stay from 3-4 days



British Committee for Standards in Haematology Guidelines and management of Anaemia 2015

Anaemic patients are at risk of transfusion, increased mortality and morbidity

Recomendations

- We should detect and treat anaemia preoperatively
- Patients should be counselled about the risks and allowed to defer non urgent surgery until treated

Detecting Anaemia Whose job is it anyway?

EVERYONES

Timing of Assessment

- In General Practice, when referral is considered.
- During the diagnostic pathway, e.g. when a suspicious lesion is found at endoscopy, or at a cancer MDT meeting.
- In the surgical clinic. Management options are then discussed at the pre-assessment visit.
- At the pre-assessment visit, with additional visits being necessary to start treatment.

Management options

- The cause and severity of anaemia
- The anticipated peri-operative blood loss
- The time available between diagnosis and surgery
- Whether surgery may safely be postponed

Choices?

Blood Transfusion vs Iron

Transfusion increases 90 day mortality(OR 2.2)

– Pederson et al 2009

- Transfusion increases risk of death(OR 1.29) — Glance et al 2011
- May increase tumour reoccurrence and infectious complications

– Girolamo et al 2003

Role of Iron in Perioperative Anaemia Goodnaugh et al BJA 2011

- Shown to decrease transfusion requirements
- Decrease length of stay

PREVENT Trial underway

Substandard care?

Oral vs IV Iron

Oral Iron

Advantages

- Outpatient treatment
- Cheap
- Good safety profile

Disadvantages

- Takes >2 months to work
- Unpleasant side effects
- Poor compliance
- Incompatible with proton pump inhibitors

IV Iron

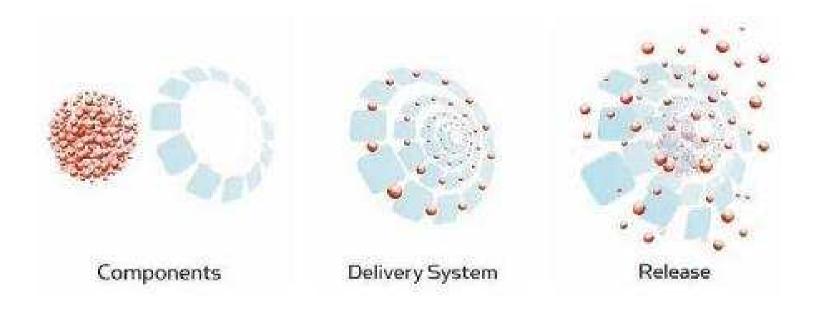
Advantages

- Fast acting
- Good compliance

Disadvantages

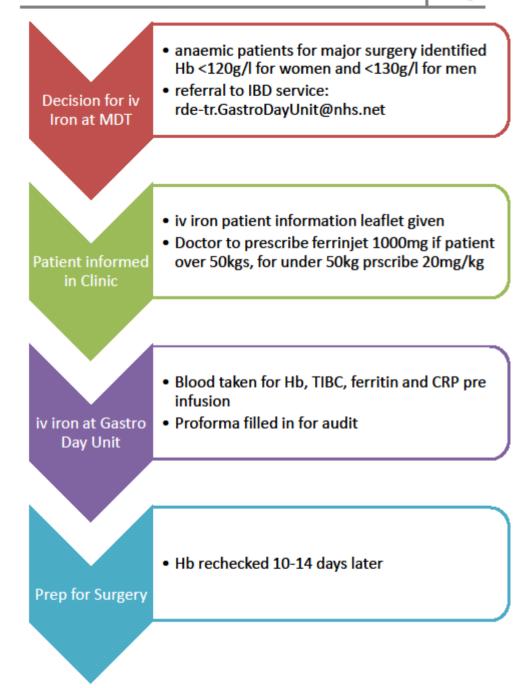
- Anaphylaxis 1:1,000,000
- CARPA complement activated pseudoallergy
- FISHBANE mimics anaphylaxis
- Infection
- Must be given in hospital
- Expensive

lv iron



Preparation for Surgery for Colorectal patients

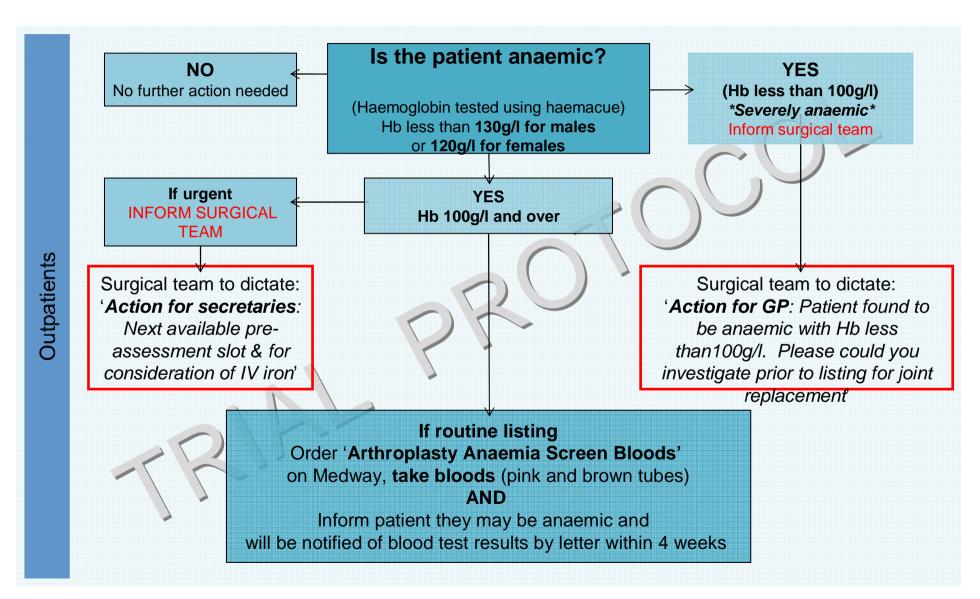
Iv Iron Pathway for Anaemic Colorectal patients 2014



Management of Anaemia for Patients Listed for Hip Arthroplasty

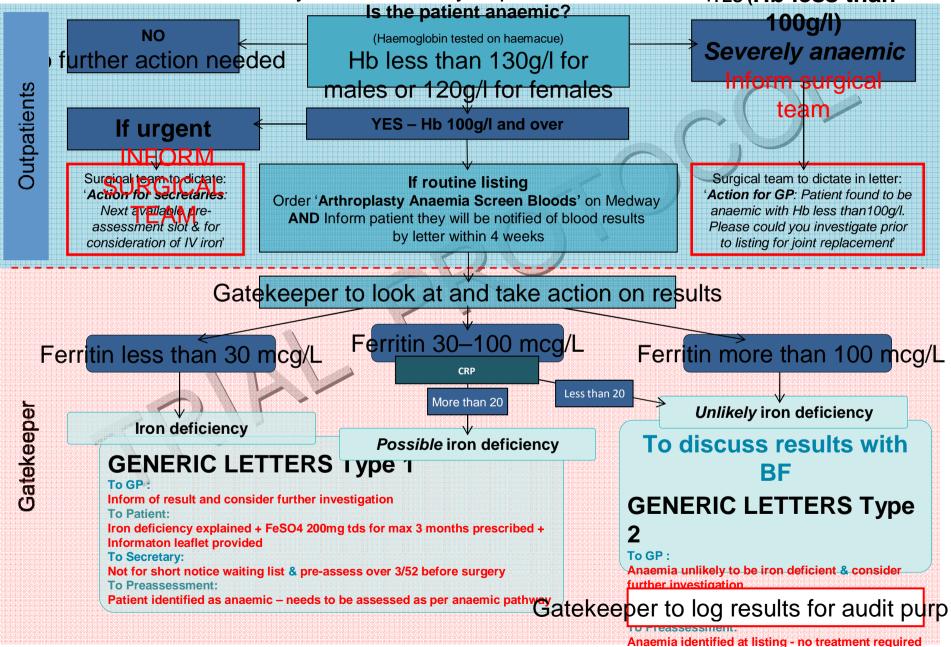
Preparation for Surgery Outpatients Chart

Anaemia screening flowchart for all patients listed for hip replacement



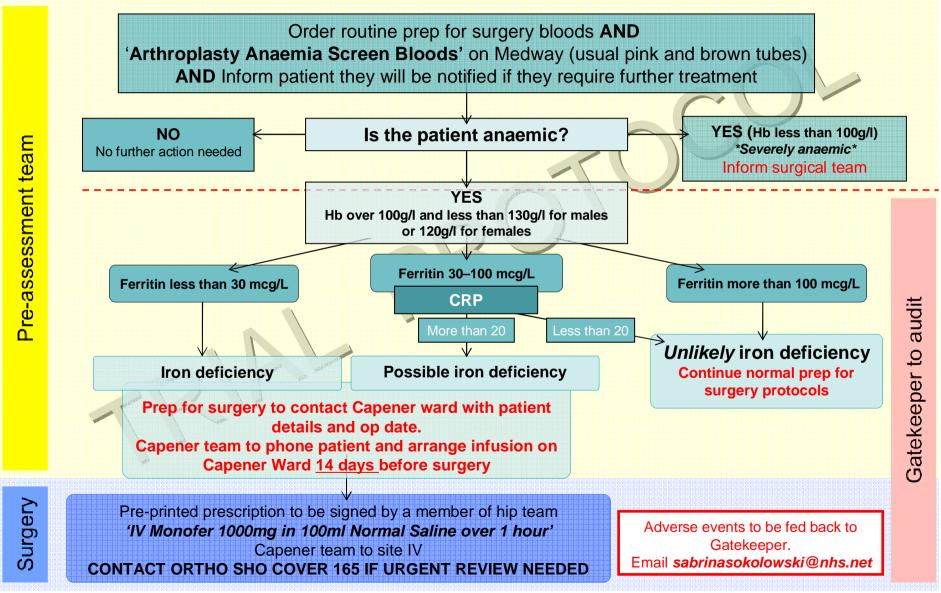
Preparation for Surgery Gatekeeper Chart

Flowchart to identify iron deficiency in patients listed for hipeging meson han



Preparation for Surgery Pre-assessment / Day surgery Chart

Flowchart for hip replacement patients previously identified with anaemia in OPD Patients identified by clinic letter from surgeon or gatekeeper. To include ALL DIRECT LISTINGS & STAGED BILATERALS*



*Staged bilateral = hip repacement on other side within last 6 months

- Always treat anaemia
- Iron should be the first alternative
- Oral initially
- Iv iron is safe