

SETTING UP AN ANAEMIA PATHWAY FOR MAJOR SURGERY

AIM

All patients at risk of major blood loss (>500ml) should be screened and treated for preoperative anaemia to:

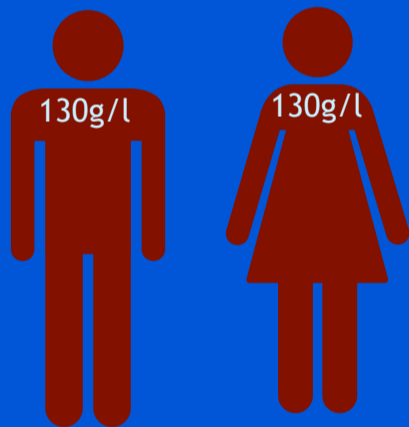
- Optimise Haemoglobin
- Improve iron stores
- Minimise the risk of perioperative transfusion

30-40% Patients having major surgery are anaemic

SCREENING

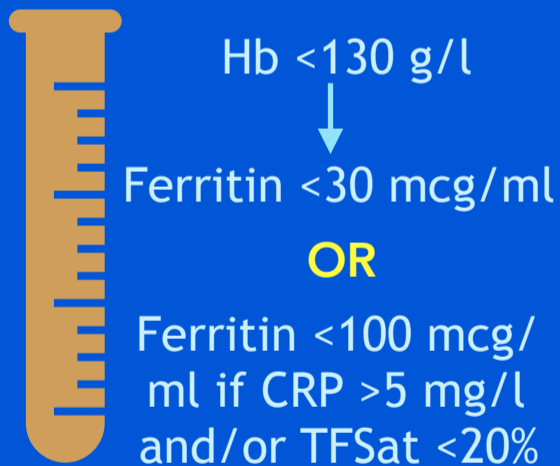
- With referral from primary care
- At diagnostic investigation
- At preassessment
- Invasive and near-patient testing options
- Pre-agreed protocols with haematology

The majority of pre-operative anaemia is due to absolute or functional iron deficiency



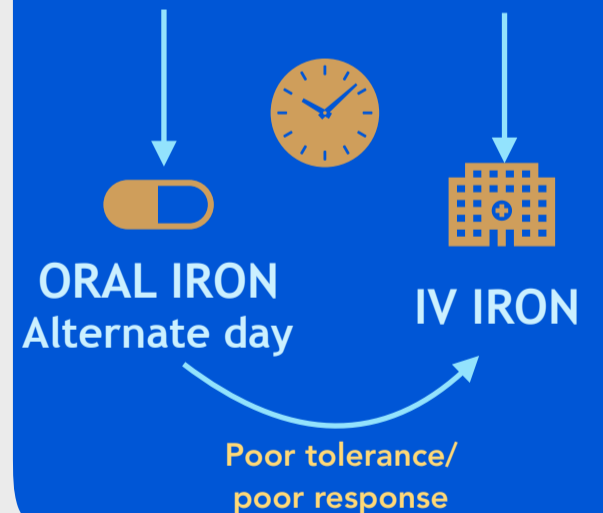
Target Hb 130 g/l in both sexes

DIAGNOSIS



>6 weeks

< 6 weeks



EVIDENCE AND GUIDANCE

- International consensus guidelines
- Scottish consensus guidelines
- NICE guidelines and QS 138
- British Committee for Standards in Haematology
- ACTA National Audit

OTHER CONSIDERATIONS

- How to check for Hb increment
- Policy for delay in true elective cases
- Follow up pathway for newly diagnosed anaemia
- Communication with GPs
- Collect local data for ongoing improvement