SETTING UP A PERIOPERATIVE ANAEMIA PATHWAY

THE AIM: OPTIMISE HB IN ANAEMIC PATIENTS AT RISK OF >500ML BLOOD LOSS

FIND FRIENDS

- Haematologist
- Gastroenterologist
- Renal Physician
- Surgeon
- Pharmacist
- GP
- Commissioner
- Laboratory scientists

COLLECT YOUR DATA

- Collect data on your
- Incidence of anaemia,
- Average Hb drop perioperatively
- Patient blood management details
- Transfusion rates
- Length of stay
- Critical care admissions.
- You need to know how many patients you are likely to have to put through an anaemia pathway

CALCULATE COSTS

- Find out what current expenditure is based on your data.
- Identify which preparation of iron you have, what services exist to deliver intravenous iron and the nursing costs to deliver intravenous iron where required.
- Work out who will be responsible for costs, check local tariffs.
- Establish ways you might streamline the service, such as requesting a recent Hb on GP referral, ask phlebotomy to take a haematinics sample and agree with the lab to run it only if anaemia identified.

BUILDING YOUR CASE

You should by this point be armed with information to populate a business case.
Many colleagues have been able to demonstrate a cost saving by running the service. Some iron companies are able to help with modelling costs and preparing your case. Get in touch with a colleague who has done it in their hospital, see what their pathway looks like and look at their business case.

INVESTIGATION AND DIAGNOSIS

You will have a duty of care to investigate or refer once anaemia is identified. In most cases this should be by communicating with the GP, although some centres have established direct referral pathways to gastroenterology and haematology. Establish links with one representative from each of the specialties for talking through complex cases.

TREATMENT

The aim is to improve haemoglobin and erythropoietic reserve. In the context of perioperative anaemia, iron deficiency is the cause in over 70%. This mandates treatment with iron, and the route will be dictated by the interval before surgery, inflammatory status and tolerability of oral iron treatment. When you communicate with the GP, ensure you make it clear that treatment is aimed at **perioperative** anaemia, to prevent complications of bleeding and transfusion.

ORAL VS. IV IRON

ORAL IRON

First line

Start if >6 weeks prior to surgery

INTRAVENOUS IRON

Surgery is <6 weeks away

Oral iron poorly tolerated

GI issues impairing absorption

Functional iron deficiency

Oral iron has failed