Developing the first pan-UK multi-professional guideline for perioperative management of anaemia

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PROBLEM:

- 1/3 patients are anaemic before major op [1].
- Anaemia is often diagnosed late
- Where optimised – results are better
- Speciality-specific guidance exists, but in silos. Patients do not get gold standard care [2].

NEW GUIDELINES:

- Incorporated other guidelines. The large stakeholder group allowed messages and education to be re-packaged from one discipline to others where they were less well known.
- For all surgery, including emergency and elective surgery and for all ages.
- Literature review undertaken.

Useful to:	Example of information in www.cpoc.org.uk perioperative Anaemia guideline
All staff	Anaemia should be identified early, its cause diagnosed and management planned
All staff	In 1/3 of men and post-menopausal women with Iron deficiency, a gastrointestinal cause is found – referral is welcomed [3]
All staff	Functional iron deficiency (associated with chronic disease) is a marker of ill-health and patient requiring senior clinician input
Public	Nutritional deficiencies (iron/B12) are common. Health supplements contain 14mg elemental iron (a fraction of treatment dose)
Pre-assessment nurses	Pharmacists can dispense oral iron treatment
Operating theatre staff	Tranexamic acid and other blood loss minimisation strategies should be considered
Post-op therapy	Mobilise as symptoms allow. Work with prehabilitation services to maximise pre-op optimisation.
All	Consider pro-active ways to identify and manage - eg seek nutritional info; test for anaemia if testing renal function before CT scan, etc

KEY MESSAGES:

1. Risk assessment: consider patient + surgery, eg likely to lose >500ml blood or >10% blood volume:
   - Low risk = give general info (nutrition etc)
   - High risk = have clear pathway + senior review
2. Algorithms help staff plan care.
3. A Patient Blood Management (PBM) approach is needed across the perioperative pathway.
4. Anaemia needs early diagnosis and assessment of its type, cause and treatment.
5. Management may include: diet, oral/i.v. iron, blood transfusion, pre-op physiological optimisation, delay/review of surgical plan, gastro-intestinal intervention, medication review, intra-op care.
6. Complex patients benefit from medical review.
7. Over 50% of those having surgery with an anaesthetic have multiple co-morbidities [2].
8. Shared Decision Making is needed about potential surgery (discuss with patient understanding **B**enefits, **R**isks, **A**lternatives and what if we do **N**othing "**BRAN**").
9. There is poor awareness of anaemia, dietary insufficiencies and absorption problems (such as coeliac disease) amongst the public and health professionals.
10. Patient-facing information can be used to support staff to empower patients. Coherent messages across pathways and professions should improve general health.

1.Baron 2014 https://doi.org/10.1093/bja/aeu098
2.GIRFT 2021 https://www.gettingitrightfirsttime.co.uk/medical-specialties/anaesthesia-perioperative-medicine/
3.BGS 2021 https://gut.bmj.com/content/70/11/2030

Centre for Perioperative Care

Guideline for perioperative management of anaemia will be in "guidelines" at www.cpoc.org.uk in September 2022