

Learn about cell salvage: everything you want to know but are afraid to ask.....or...

10 years of the UKCSAG

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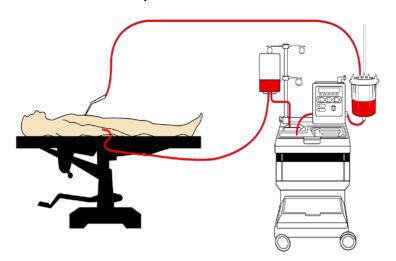
Stuff you probably should know about me.....but daren't ask

- PhD in Biochemistry/Cell Biology Tissue Engineering
- 20 years (nearly) experience of running cell salvage devices in theatres
- Founder & Director of SwabTech Ltd (NHS spin-out company)
- No other commercial interests

Cell Salvage

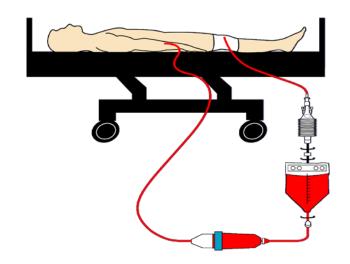
Intra-operative (ICS)

Collected blood is anticoagulated, filtered, concentrated, washed with saline, and returned to the patient



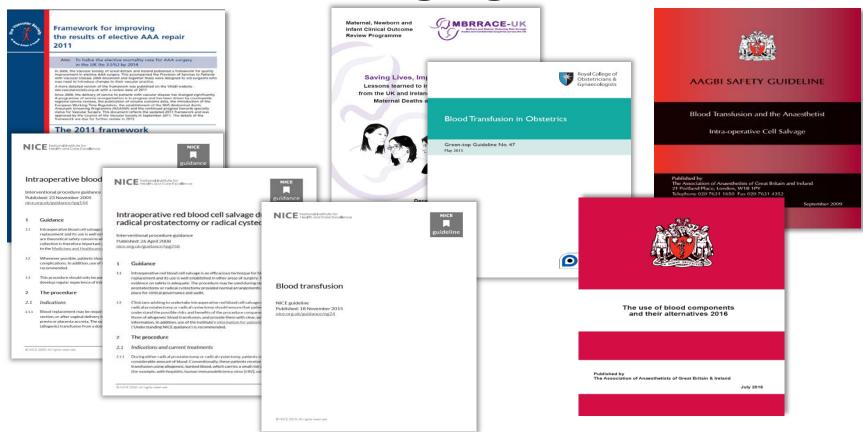
Post-operative (PCS)

Defibrinated 'whole blood' collected from an autologous wound drain is filtered prior to reinfusion

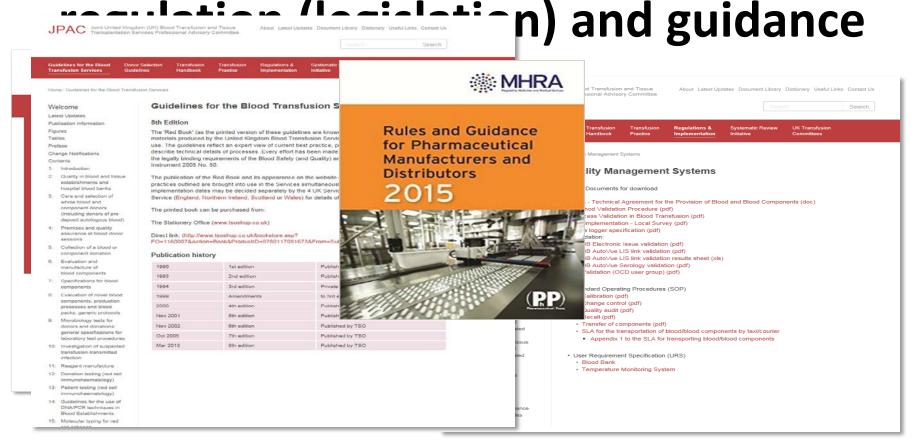


Efficacy and quality are directly dependent on the skill of the operator and the established processes in place

Cell salvage guidelines



Allogeneic blood transfusion



Cell salvage regulation



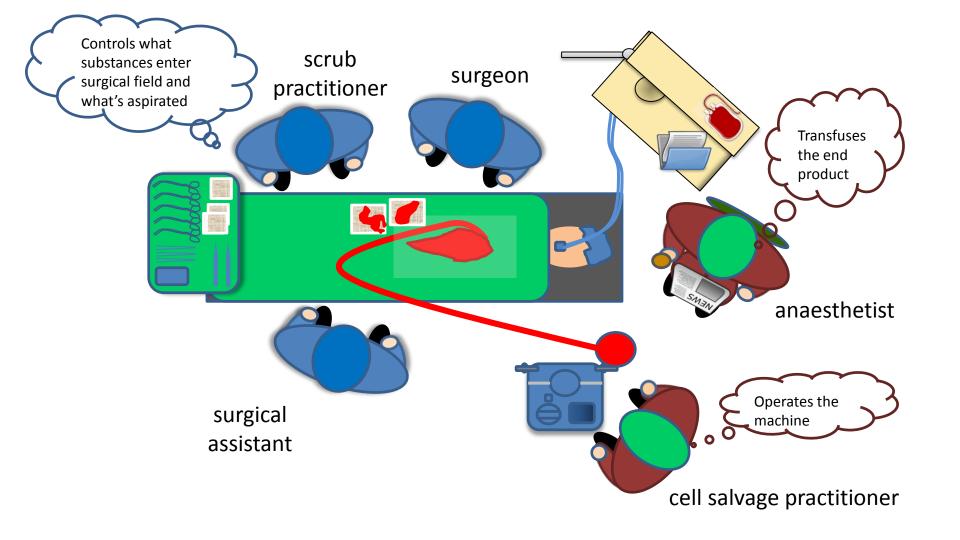
Cell salvage regulation





Your duties as a registrant

- promote and protect the interests of service users and carers;
- communicate appropriately and effectively;
- work within the limits of their knowledge and skills;
 - delegate appropriately;
- respect confidentiality;
- manage risk;
- report concerns about safety;
- be open when things go wrong;
- be honest and trustworthy; and
- keep records of their work.

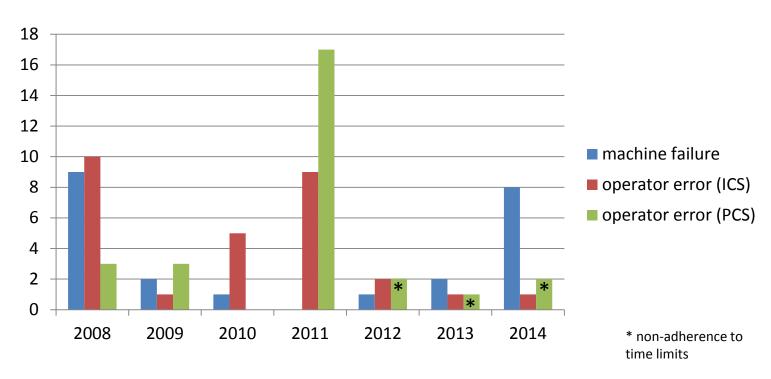




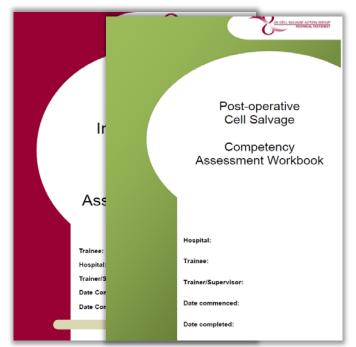
- Founded in 2006
- Determine standards and promote best practice
- Facilitate education and practice development
- Facilitate professional support networks
- Provide a forum for partnership with industry

Cell salvage SHOT reports

Adverse events



Competency assessment















INTRAOPERATIVE CELL SALVAGE FOR LAPAROSCOPIC SURGERY

AREA of APPLICATION

Intraoperative cell salvage (ICS) is safe to use in laparoscopic surgery. Current evidence shows its effectiveness in laparoscopic surgery for ectopic pregnancy, splenic and abdominal trauma.

Clinical teams and ICS operators should assess any risks associated with the options below on a case by case basis.

STAFF

procedure.

As with all ICS procedures it is essential that anticoagulant is used and flushed through the line, and the reservoir primed before commencing cell salvage. Additionally, all fluid used for irrigation must be suitable for intravenous use.

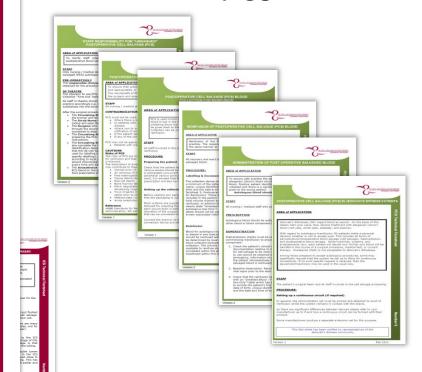
There is no specific laparoscopic set that is designed for ICS. There are many different configurations of laparoscopic sets but most will have 2 tubes, one for irrigation (often marked in a colour) and one for suction (which is clear). There are 2 options to set up for ICS in laparoscopic surgery.

- 1. The laparoscopic set suction tubing is connected directly to the ICS reservoir; this should be primed with anticoagulant. The advantage of this set up is that it is easy to perform, but the disadvantage is that anticoagulant is only mixed with the blood in the reservoir, not the tubing.
- so reduces the chance of clotting.

The following image shows set up 2

Technical Factsheet

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PROCE

All staff involved in the cell salvage process and the theatre practitioner for the

PROCEDURE:

2. The laparoscopic set suction tubing is replaced by the double lumen aspiration and anticoagulation suction tubing that attaches to the ICS reservoir. The laparoscopic set suction tubing must be removed close to the hand piece and replaced with the ICS double lumen tubing. This has the advantage of mixing the blood with the anticoagulant much earlier and

Version 1

June 2016

ICS Education Workbook



Winner of the 2009 UK Allied Health
Professionals and Healthcare Scientists
Award for Achieving Excellence in
Learning, Teaching, Development or
Mentorship

UK Awards for

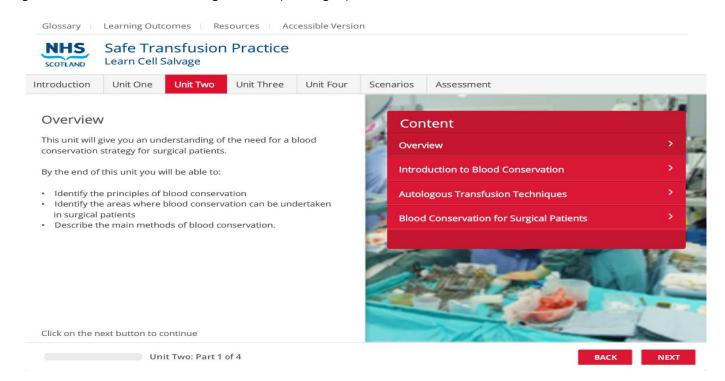
Allied Health Professionals and Healthcare Scientists

UK Awards TS

UK Awards TS

www.learnbloodtransfusion.co.uk

- Learn cell salvage e-learning
- Register via learnPro NHS or e-learning for Health (e-lfh.org.uk)



UK Cell salvage action group

Equipment

Framework for Service Provision

Intraoperative Cell Salvage Education

Cell Salvage Competency Workbooks

Practicalities of Service Provision

Patient Factsheet

Technical Factsheets and Frequently Asked Questions (FAQ)

Adverse Event Reporting

Newsletters

National Guidance

UKCSAG Intraoperative Cell Salvage Survey

Frequently asked questions (FAQ)

- In which procedures is ICS indicated?
- Can ICS be utilised with the pulse lavage in orthopaedics?
- Does it matter whether plastic or metal suckers are used in ICS?
- Can sump suckers be used with ICS?
- What filters should be used for reinfusing ICS blood?
- Does ICS require a dedicated operator?
- Is ICS considered safe to use in HIV/Hepatitis C positive patients?
- Does a patient have to consent to having cell salvage?

Infrequently asked questions (IFAQ)

- Can cell salvage be used for a patient who has Rh Null disease?
- Can cell salvage be used for a patient with cold agglutinin antibodies?
- Can cell salvage be used for a patient undergoing C-section with a twin pregnancy with a hydatidiform mole and co-existent healthy fetus?

What's new?



METALLOSIS AND INTRAOPERATIVE CELL SALVAGE

AREA of APPLICATION

Metallosis is the medical condition involving the accumulation and deposition of metal debris in the soft tissues of the body.

The risk of using intraoperative cell salvage (ICS) with metallosis in situ should be carefully considered by the clinical team on an individual case basis and balanced with the benefits of using ICS.

STAFF

All staff involved in the cell salvage process, the surgeon, anaesthetist and the theatre practitioner for the procedure.

BACKGROUND:

Metallosis most commonly occurs when metal implants grind on each other causing fragments to shed. It is associated in particular with hip resurfacing or replacements with a 'metal on metal' bearing, but can also be seen with any worn or damaged joint replacement where metal parts have come into contact with each other.



Metallosis is rare, with an incidence quoted at around 5% for metal on metal joint implants. Typically the metals involved are cobalt, chromium and titanium. Particles of metal and soluble metal ions are released. The immune system identifies the debris as foreign bodies, which can lead to adverse inflammatory reactions including fluid collections, tissue necrosis and occasionally a rash (Adverse Reaction to Metal Debris – ARMDS).

Symptoms include pain, swelling and implant loosening secondary to the necrosis.

K CELL SALVAGE ACTION GROUP Intraoperative Cell Salvage (Cell washing devices) **Education Workbook** Fdition 2 xx 2016

Version 1 June 2016

Future developments BBTS Education Hub

Specialised educational resources tailored to the needs of cell salvage operators

Short-term

Updated education and assessment workbooks (available via the e-Portal)

Downloadable material

On-line record of progress

On-line record of assessment

On-line case log

Access to BBTS CPD tool

Mid/Long-term

Educational videos, e.g. swab washing, QC sampling

Company specific videos and knowledge assessments

Presentations

Forum









http://www.transfusionguidelines.org.uk/transfusionpractice/uk-cell-salvage-action-group