A new boss for SBOS?; clinical empowerment and the surgical blood ordering schedule

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### Introduction

#### **\*** MSBOS

 Usually, Blood Bank and Hospital Transfusion Teams devise clinical guideline and advise clinicians on suggested practice

#### ★ The audit...

★Is our pre-operative blood ordering practice for elective general surgery appropriate?

- ★ 1) Clarification if MSBOS guidelines are being applied in current practice
- ★ 2) Determine if current guidelines are appropriate

### ★ UHSM SBOS

#### Appropriate for patients with normal Hb

	General and Specialist surgery	
1	Abdomino Perineal Resection	4
2	Anterior Resection	2
	Apronectomy	G&S
	Cardio-oesophagectomy	4
	Cholecystectomy	G&S
	Closure of stoma	G&S
	Colectomy, Colostomy	2
	Delorme's procedure	G&S
	Formation of ileal pouch	2
	Gastrectomy	2
	Gastrostomy, Ileostomy	G&S
	Gastroplasty	2
_	Hartmann's procedure/reversal	2
_	Hemicolectomy	G&S
_	Hiatus hernia	G&S
	General and Specialist surgery (cont'd)	
	Incisional hernia repair	G&S
	Laparotomy	2
	Liver biopsy	G&S
	Rectum pouch resection	2
_	Sigmoid colectomy	G&S
	Splenectomy	2
	Thyroidectomy	G&S

#### ★ Method

 ★ Retrospective audit of all patients undergoing specific elective GI surgical procedures from March 2011 – March 2012 at UHSM

## ★ Elective GI Surgeries included

- ★ Incisional hernia repair
- ★ Hemicolectomy
- ★ Anterior resection
- Cholecystectomy
- ★ Excision of sigmoid colon
- ★ Colectomy
- ★ APR

- ★ Oesophagectomy
- ★ Gastrectomy
- \star Hiatus hernia
- Excision stomach lesion
  - Total = 453 Excluded: emergency surgeries

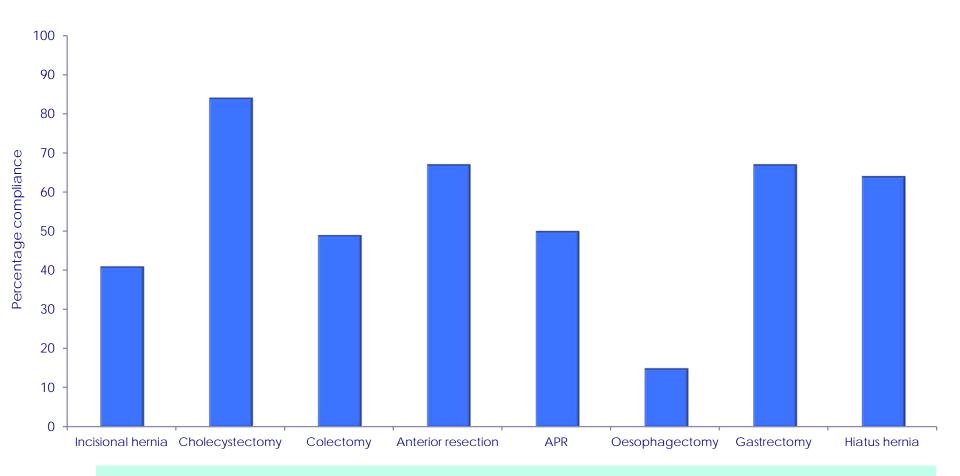
### Aim 1: Clarification if guidelines are being applied in current practice

Only 67% of requests were compliant with current guidelines

 Primarily FY1 role to check appropriate G&S/cross match is in place prior to theatre

Foundation doctor awareness:
3/29 doctors aware of guidelines(all FY2s)

# % compliance with MSBOS guidelines

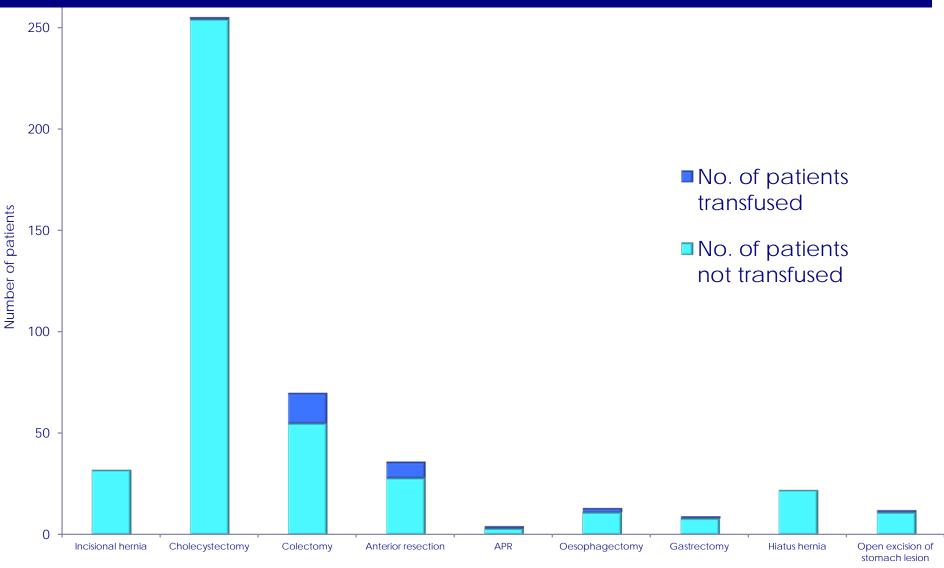


#### Aim 2: Determine if current guidelines are appropriate

★ Overall:

- ★ 253 units cross matched to 94 patients
- ★ 61 units transfused to 29 patients
- ★ Overall C:T ratio = 4:1
- Only 24% of cross matched blood was used

## Number of patients transfused/not transfused



### ★ CT ratios

#### Ideally, C:T ratio should be 1:1

Surgery	C:T
Incisional hernia	0:0
Cholecystectomy	1.5:1
Colectomy	3.9:1
Anterior resection	5.8:1
APR	2.5:1
Oesophagectomy	5.6:1
Gastrectomy	6:1
Hiatus Hernia	2:0
Excision of stomach lesion	2.1:1

#### ★ Transfusion data

★23 of the 29 patients (79%) transfused were anaemic

★13 of the 29 patients (45%) transfused were severely anaemic, with Hb <100 g/l</p>

★C:T ratios improved in anaemic patients

★25 of the 94 patients (27%) cross matched and issued red cells had Hb >/= 140g/l

# ★ What is the cost of an unused unit of blood?

\*192 units of blood held out of circulation

Increased age of blood units – more likely to expire?

★Cost?



 Non compliance with current Trust MSBOS guidelines

\*Lack of awareness about guidelines amongst junior doctors

\*Excessive cross matching of blood

Hb is a good indicator of transfusion requirement

#### ★ Limitations

Small sample size
Did not account for individual patient factors

# ★ Proposed new guidelines

- Devised with consensus input from Consultant surgeons and Consultant Anaesthetists
- ★ Consideration of when to deviate from guidelines:
  - if anaemic HB<100g/I cross match 2 units
  - ★ if patient has a coagulation disorder/antibodies present on G&S – cross match 2 units

Impact of new BCSH guidelines – 2 samples ??

Elective general surgery	G&S/cross match	
Abdomino-perineal resection	G&S	
Anterior resection	G&S	
Antireflux fundoplication	G&S	
Cardio-oesophagectomy	G&S	
Cholecystectomy	G&S	
Closure of stoma	none	
Colectomy/colostomy	G&S	
Delorme's procedure	none	
Epigastric hernia repair	none	
Excision of stomach lesion	G&S	
Formation of ileal pouch	G&S	
Gastrectomy	G&S	
Gastrostomy/ileostomy	G&S	
Hartmann's procedure/reversal	G&S	
Hemicolectomy	G&S	
Hiatus hernia repair	G&S	
Incisional hernia repair	none	
Inguinal hernia repair (TEP (totally extraperitoneal repair)/TAPP (trans- abdominal pre-peritoneal repair)	none	
Laparoscopic gastro-jejunostomy	G&S	
Laparotomy	G&S	
Liver biopsy	G&S	
Rectum pouch resection	G&S	
Sigmoid colectomy	G&S	
Splenectomy	G&S	
Staging laparoscopy	none	
Umbilical hernia repair	none	

#### ★ Recommendations

★ Introduce new guidelines

- Expand audit to all elective surgical departments:
  - blood budget may be devolved to individual specialties in our Trust
  - ★ significant financial implications alongside improvement to clinical care

Increase junior doctor awareness:
posters, teaching, IPhone app

#### Current guidelines

Elective general surgery	G&S/cross match
Abdomino-perineal resection	4
Anterior resection	2
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Staging laparoscopy	none
Umbilical hernia repair	none

## Thank you for listening...

## Any questions? (be nice!)