



# Challenges with the anaemic pre-operative patient

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**Government  
of South Australia**

SA Health



**IRONMAN**  
Western Australia  
December 7, 2008

**IRONMAN**  
Australia  
April 5, 2009

**IRONMAN**  
70.3 Australia, Geelong  
February 8, 2009

**IRONMAN**  
WESTERN AUSTRALIA  
TRIATHLON Busselton  
Presented by **Aspen**

**ANTHERS** **IRONMAN**  
AUSTRALIA TRIATHLON  
DUFFY MACQUARIE

**Snap**  
**IRONMAN**  
70.3  
Geelong

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# Anaemia

- > Common
- > Need to see your patients early
- > Need to look
- > Need to check
- > Need to communicate
- > Need to treat
- > Ability to help (drug, ward, staff)
- > Time limitations

# IRON FOOTPRINT

- > Make it big
- > Make it available
- > Choose the right treatment
- > Be progressive
- > Follow up
- > Provide feedback



# Patient One

- > 29 y old female
- > Crohn's disease Laparotomy x 3 in 2 years
- > Latest in Jan 2008
- > 10 days TPN post OP
- > 3 x 200 mg Iron sucrose as outpatient after d/c home with PICC line





## Patient Two

- > 46 y old female
- > Ulcerative colitis
- > 6 months documented anaemia
- > No treatment
- > 10 days to surgery, no delay possible
- > 4 x 200 mg Iron sucrose as outpatient

ts  
3-99506761MHA0]

DD EXAM			10/01/2008 12:05	18/01/2008 10:00	23/01/2008 09:10	24/01/2008 08:50
Comments			*			
Hemoglobin	(115 - 155)	g/L	94	98	100	110
White cell count	(4.00 - 11.0)	x10 <sup>9</sup> /L	4.94	5.09	4.68	7.19
Platelet Count	(150 - 400)	x10 <sup>9</sup> /L	394	323	317	382
Red Blood Cells	(3.80 - 5.20)	x10 <sup>12</sup> /L	4.23	4.10	4.11	
Cell Volume	(0.35 - 0.45)	L/L	0.33	0.33	0.33	
Cell Volume	(80.0 - 98.0)	fL	77.3	81.5	80.8	
M.C.H.	(27.0 - 33.0)	pg	22.2	23.9	24.3	
Cell HB Conc.	(315 - 355)	g/L	287	293	301	
Distribution Width	(11.5 - 15.5)	%	17.1	21.2	25.2	
Neutrophils %		%	55.6	48.5	59.7	
Neutrophil Count	(1.80 - 7.50)	x10 <sup>9</sup> /L	2.75	2.47	2.79	
Lymphocytes %		%	29.8	37.9	29.7	
Lymphocyte Count	(1.00 - 3.50)	x10 <sup>9</sup> /L	1.47	1.93	1.39	
Monocytes %		%	7.7	7.5	6.6	
Monocytes	(0.20 - 0.80)	x10 <sup>9</sup> /L	0.38	0.38	0.31	
Eosinophils %		%	6.1	5.5	3.6	
Eosinophils	(0.02 - 0.50)	x10 <sup>9</sup> /L	0.30	0.28	0.17	
Basophils %		%	0.8	0.6	0.4	
Basophils	(0.00 - 0.10)	x10 <sup>9</sup> /L	0.04	0.03	0.02	

More of the same    Next from List    Previous from List    Graphs    ?

Default Design    English (Australia)    ?

2 Internet Ex...    6 prodn    Adobe Reader - ...    H:\Bloodsafe pr...    2 Microsoft Of...    10:46 PM

out:

8 21/02/2008  
08:50

135  
5.12  
214  
42.2  
2.16  
43.2  
2.21  
6.6  
0.34  
7.4  
0.38  
0.6  
0.03

Menu

SPL  
Clean up  
Sign Off

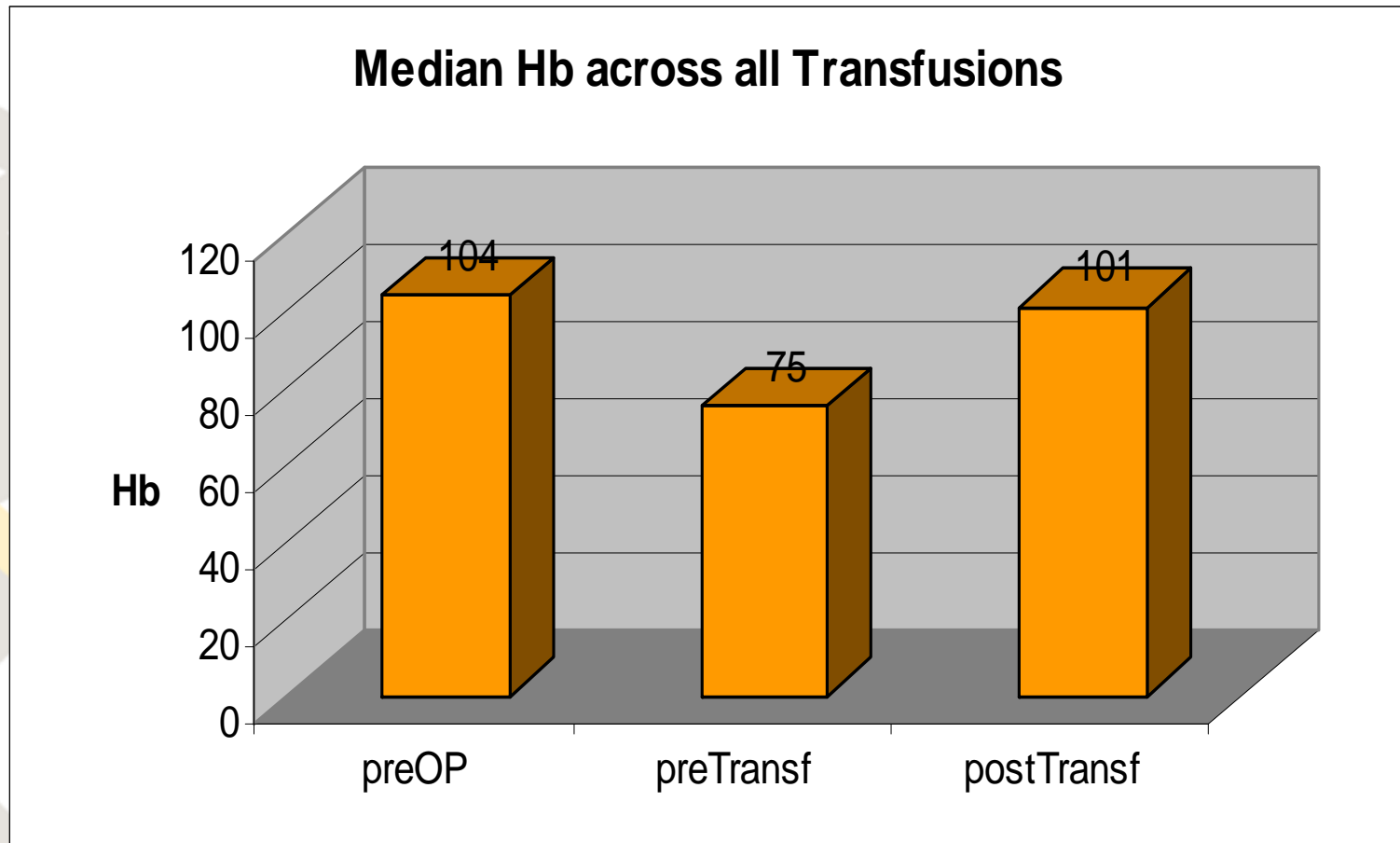
Menu

SPL  
Clean up  
Sign Off

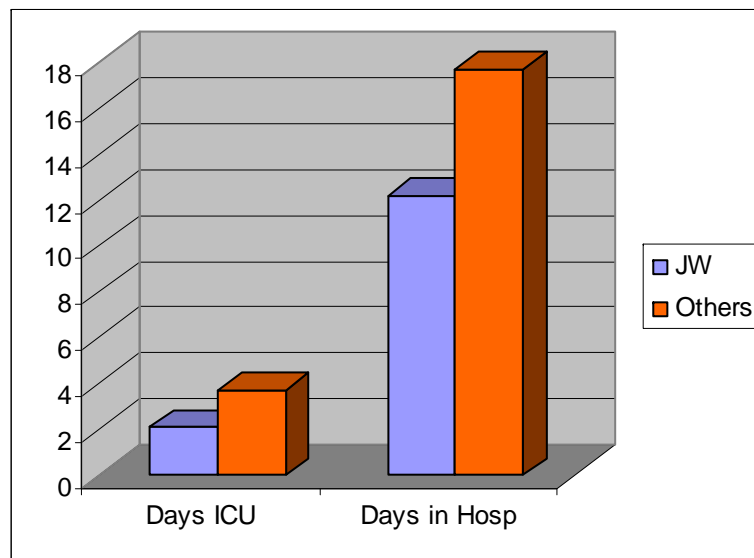
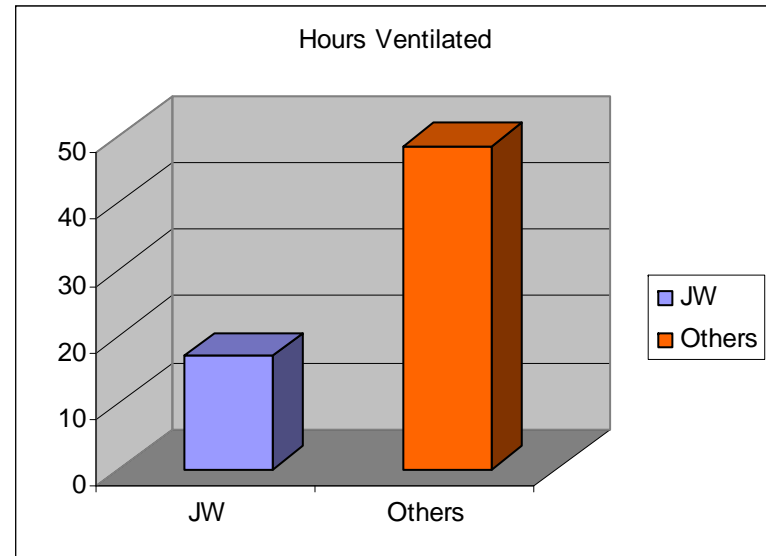
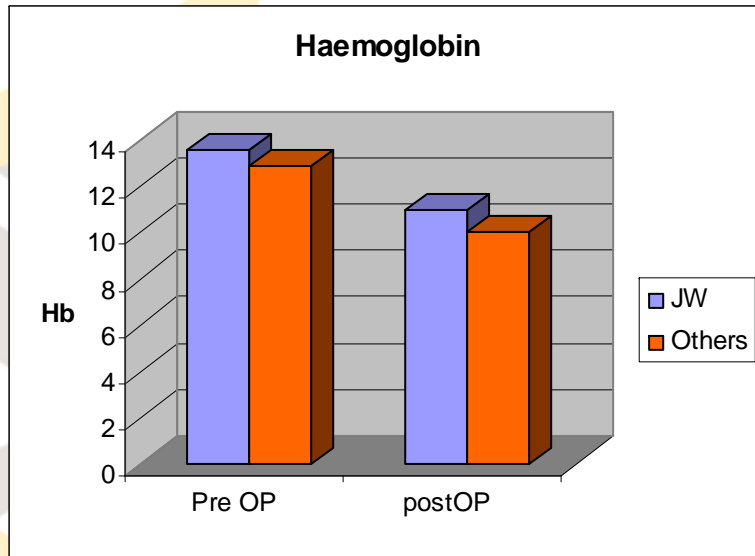
Graphs    ?

10:49 PM

# Lyell McEwin Data

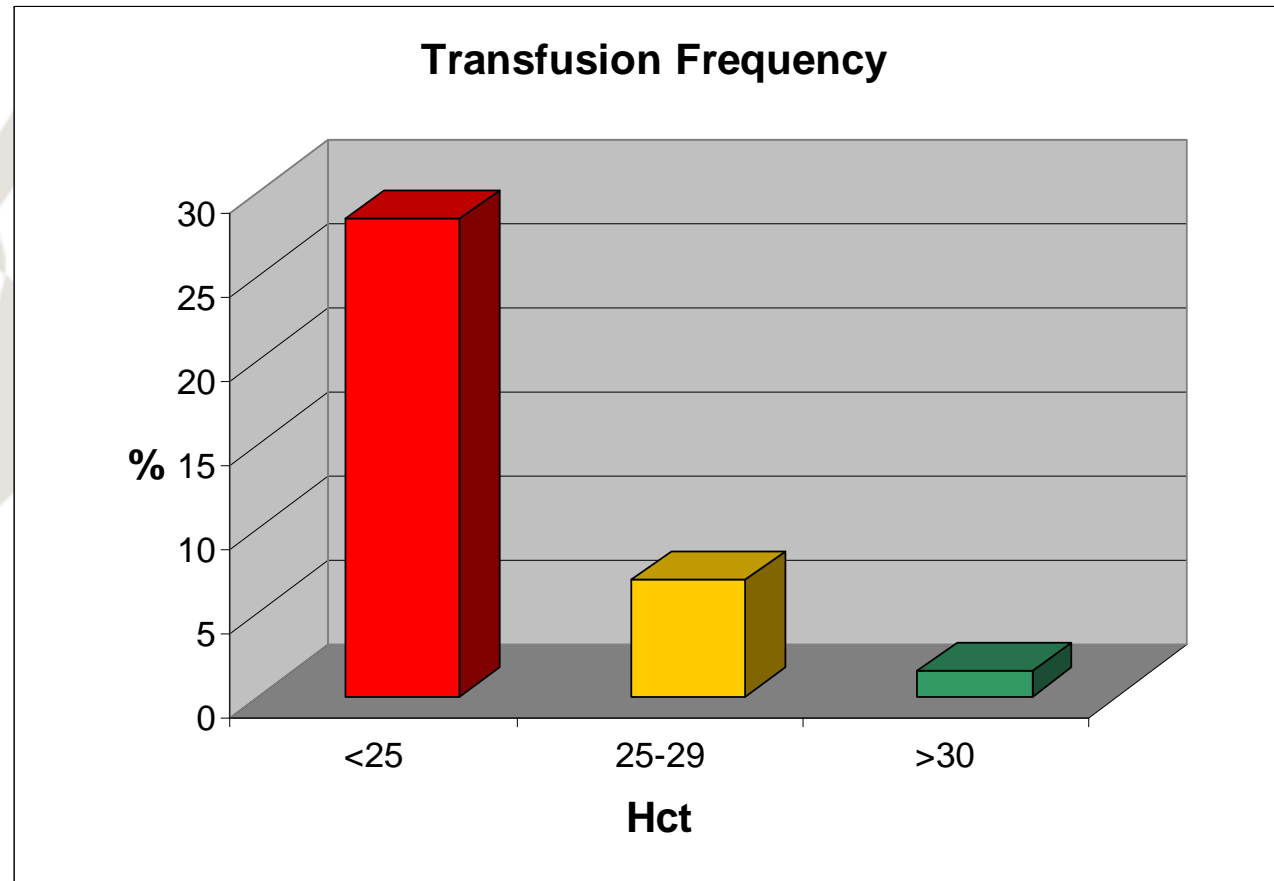


# Single standard of care?



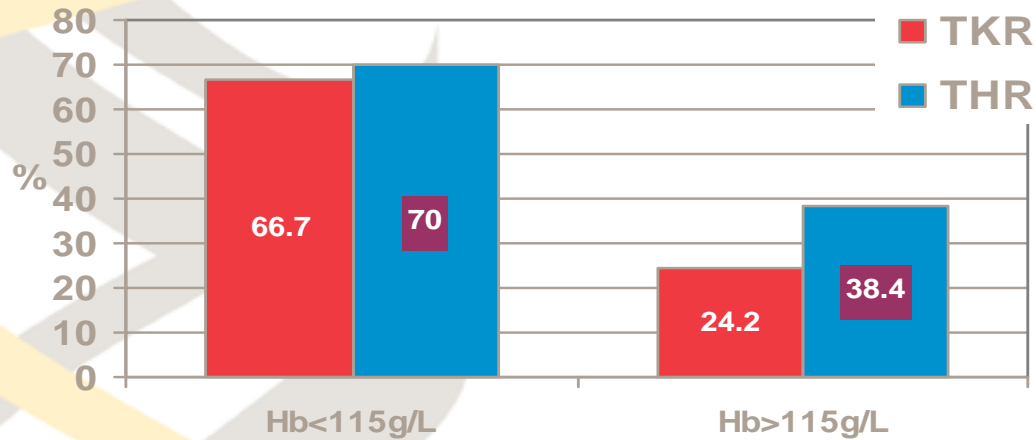
Reyes, Rev Esp Cardiol 2007  
Stamou, Am J Cardiol 2006

# Transfusion in caesarean deliveries

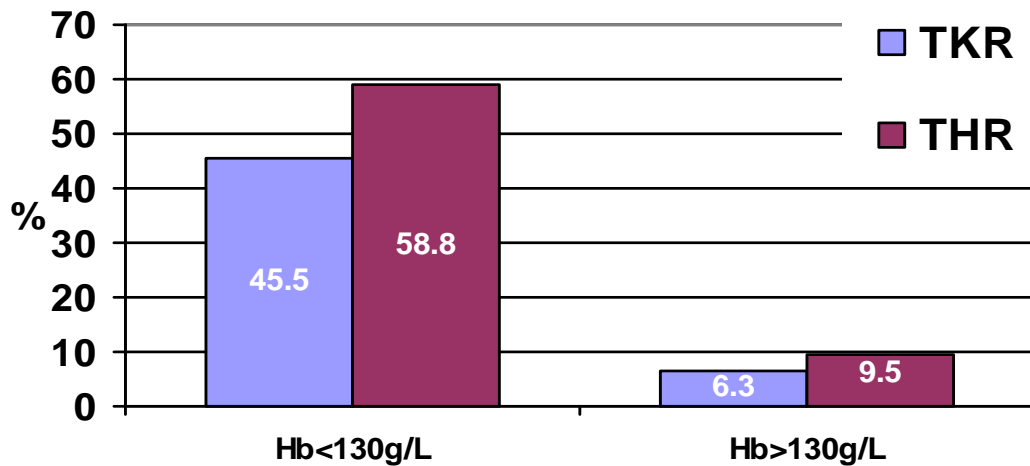


*Rouse et al Obstet Gynecol 2006*

# Hb predicts transfusion rates



Pre-operative Anaemia and Allogenic Transfusion Rate Males

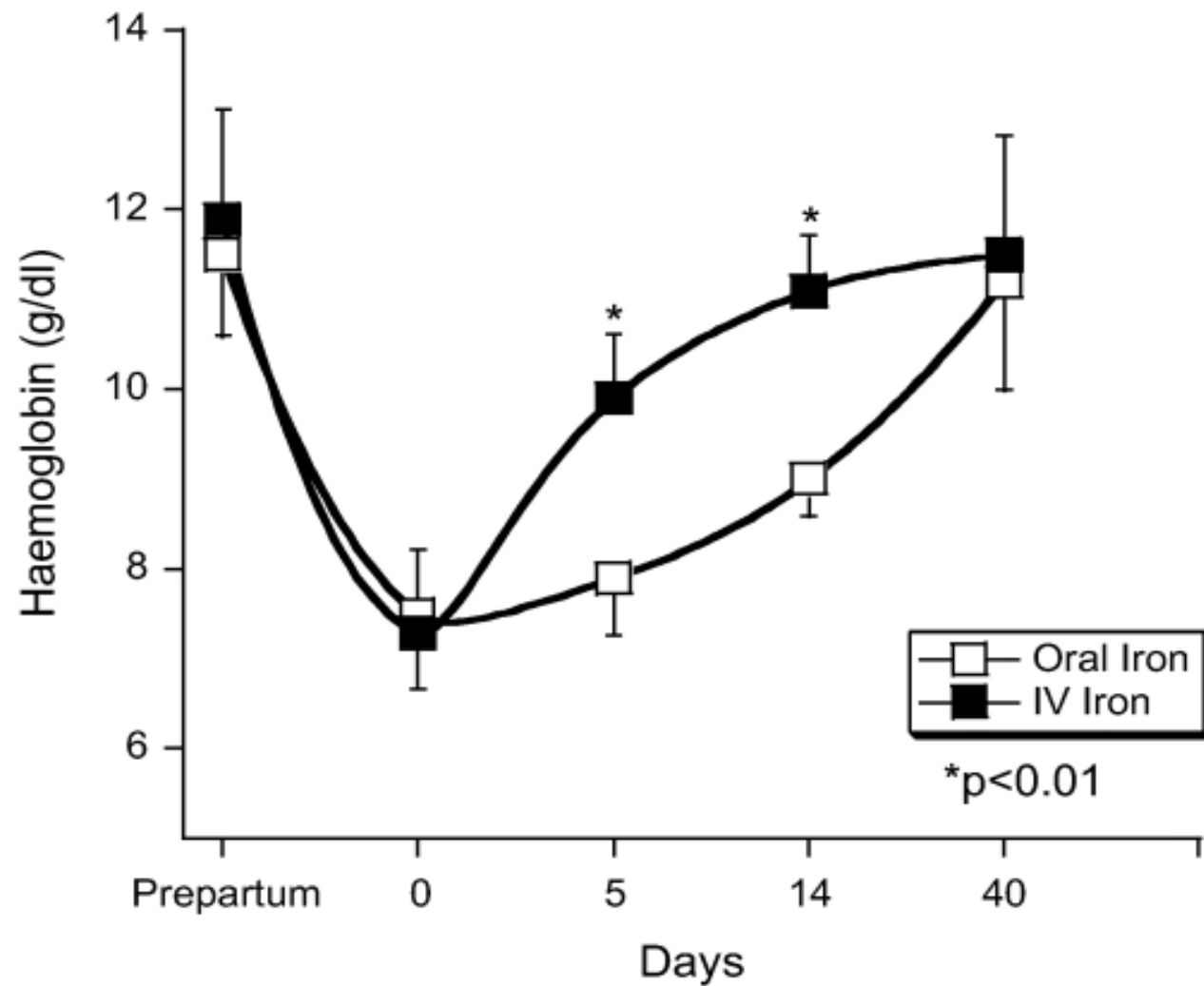


Courtesy of R. Seigne  
Christchurch, New Zealand



# Iron deficiency anaemia

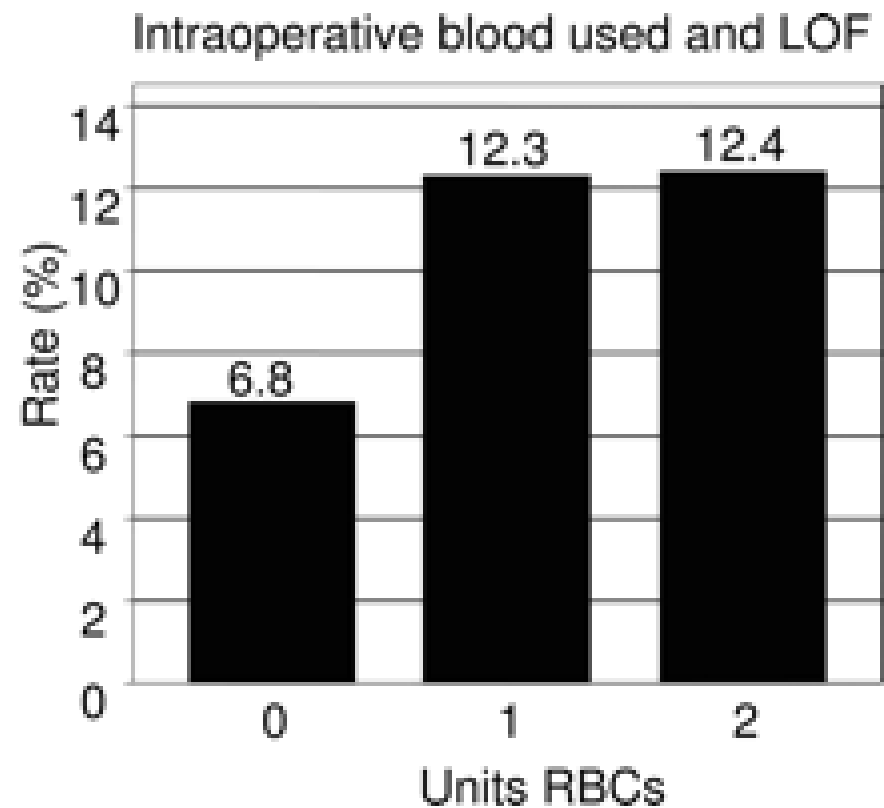
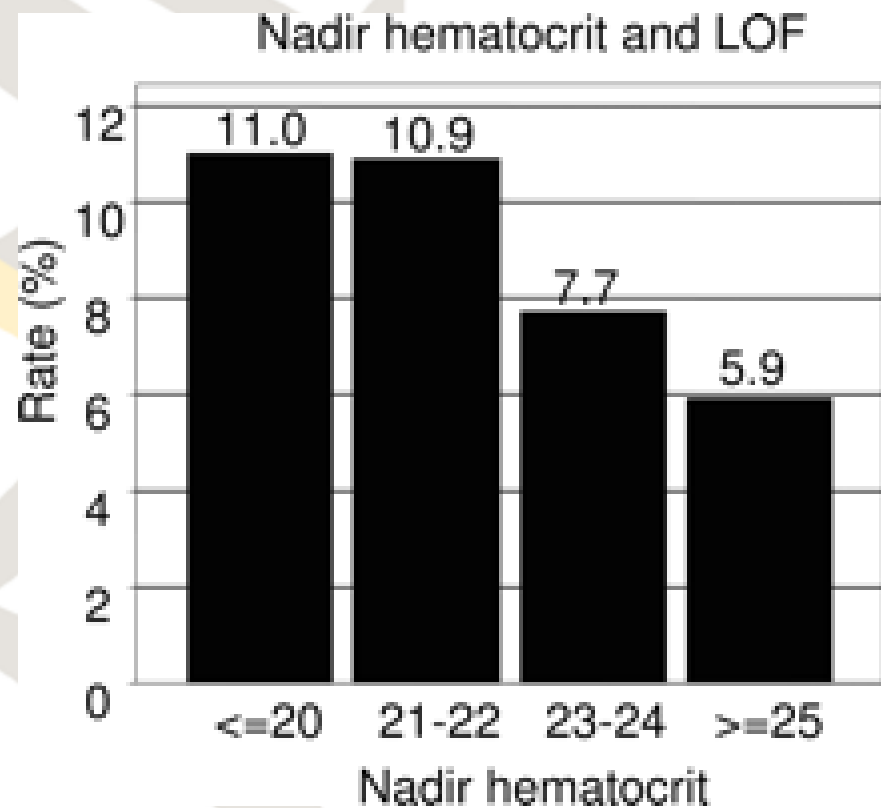
Pictures are unavailable.



Bhandal and Russell BJOG 2006

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# Low output failure



Surgenor et al.: *Circulation*. 2006;114:I-43 – I-48.

# EQuIP/The Australian Council on Healthcare Standards (ACHS)

The screenshot shows a window titled "B.Spiess%20Bloodless%20Surgery%20Spring%202007.pdf - Adobe Reader". The slide content is as follows:

## JCAHO 2007

- 2-5-07 JCAHO stakeholders meeting.
- **Universal agreement that blood management performance measures will need to be included in their accreditation process!**
- **Attendees included: NIH, FDA Society for Critical Care Medicine, SABM and American Association of Orthopedic Surgeons**

The taskbar at the bottom shows the Start button, several open applications (including Google Search, ABC News, Microsoft Outlook, and Microsoft PowerPoint), and a system tray with a battery level of 49% and the time 14:15.



## Summary

- > Put your patient first
- > Enforce Blood Management
- > Focus on education
- > Make resources available
- > Reward high achievers