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Life Blood Centre
Scientific Newsletter

42 Years in Blood Transfusion

Vol No. 5 July-August-September 2023 Issue - 3

PBM - Latest Guidelines

PBM, patient blood management, is everywhere. It even has its own international organization called **the Society for the Advancement of Blood Management, SABM,** USA, that's just devoted to patient blood management. SABM has given us **"Five Things Patients and Physicians Should Question"** regarding blood management.

Dr. Cabolyn Burns, SABM Board Member, a consultant of PBM, discusses each of the five points as written below...

Number one: "Don't proceed with elective surgery in patients with properly diagnosed and correctable anemia until the anemia has been appropriately treated."

If they're anemic, very often it's due to nutritional deficiency, iron deficiency, maybe that's due to chronic blood loss. But what if we're missing that underlying renal disease, hematologic disease, God forbid the cancer that we haven't identified? So in other words, the thought process needs to be there because our patients will do better if we "tune them up," if you want to call it that, let's make sure they're optimized before they go into the stress of the surgery.

Number two: "Don't perform laboratory blood testing unless clinically indicated or necessary for diagnosis or management in order to avoid iatrogenic anemia."

An interesting statistic, that intensive care unit patients, up to 90% of them will become anemic by day 3. Now part of that could be because of other surgical interventions, etc., where they had some blood loss. But are we helping this along by every single day getting a complete blood count, coagulation tests, a comprehensive or even a basic metabolic panel when perhaps we really don't need it. And in just one week, it was found that on average, a patient had about 75 cc's of blood drawn from them in a week. So if you think about that and the range, some patients were up to 150 cc's, we all know the volume of a unit of red cells.

Number three: "Don't transfuse plasma in the absence of active bleeding or significant laboratory evidence of coagulopathy."

An abnormal coagulation test does not predict bleeding.
The average adult dose of plasma is anywhere from three to four units, which is a high volume. It's about one liter of fluid for an adult dose and that can cause significant circulatory overload.The reason we see a lot of circulatory overload with plasma is because, how do people transfuse plasma? "As fast as the patient can tolerate." We don't think about it in the slow steady stream that we look at red cells.

Number four: "Avoid transfusion when antifibrinolytic drugs are available to minimize surgical bleeding."

TXA has been shown, whether IV or topical, to decrease the need for transfusions and decrease overall blood loss. It's listed by the WHO as one of the most essential medications that we have at our fingertips, and there have been no meta-analyses of the studies that are out there that have shown that there's an increased thromboembolic risk profile with the use of TXA. One caveat is that probably antifibrinolytic agents should not be used in the backdrop of subarachnoid hemorrhage, because there has been some association of antifibrinolytics being associated with delayed cerebral ischemia. So that is one arena where we probably should consider TXA at this point in time to be contraindicated.

Number five: "Avoid transfusion outside of emergencies when alternative strategies are available as part of informed consent and make discussion of alternatives part of the informed consent process."

We have to get away from this idea that an informed consent means we go in, we say a couple things to patients, have them sign a document. It's now in their electronic medical record. That's not INFORMED consent, much less is it truly informed CHOICE. If we stop and take time again to have the dialogue, let's get back to the whole point of choosing wisely. Let's speak to our patients, let's sit and talk to them. In other words, make your informed consent process real and meaningful and valuable to your patients.

Ref.: 1. SABM website
2. An article- New England Journal of Medicine "Informed" - Dr. Alessandra Colaianni.

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