



# Guideline for the Management of Anaemia in the Perioperative Pathway

**1** All hospitals should work to develop pathways of perioperative care for surgical patients with anaemia that comply with the recommendations in these guidelines



**6** All patients with anaemia having a major operation (with expected blood loss of >500ml or 10% blood volume) should have a documented plan for preoperative, intraoperative and postoperative management of anaemia, in line with Patient Blood Management (PBM)



**2** All hospitals should establish data capture systems to allow auditing against the metrics and recommendations provided



**7** All patients undergoing surgery with anaemia or at risk of anaemia should be proactively provided with information (paper and/or digital) regarding causes and treatment of anaemia including options for blood transfusion



**3** All patients referred for surgery who fulfil the NICE preoperative testing criteria should have a full blood count (FBC) at referral to surgery or at first surgical consultation



**4** All children and young people should be screened for anaemia before procedures associated with a 10% risk of transfusion as early as possible in the pathway



**8** All staff working in perioperative settings should have training in anaemia, PBM and blood transfusion. This includes those working with patients receiving emergency surgical care



**5** All patients undergoing surgery with a clinical finding of anaemia should have documentation of the type and likely cause of anaemia





# Anaemia Pathway

## Steps to consider for each patient

Is the patient anticipated to lose over 500ml blood or 10% of blood volume?



Can a test to identify anaemia (low Hb) be performed as early as possible?



If anaemia is identified, consider further tests to identify type of anaemia?

FBC, (CHR), Iron Studies (serum ferritin, T-Sat), Haematinics (B12, folate, serum ferritin), Reticulocytes, Renal (u&e, eGFR or Creatinine), CRP  
TSH (if thyroid disease likely), Coeliac (if coeliac disease likely), G&S (if transfusion may be considered), Urine dipstick (if blood loss in urine likely), LFTs (if relevant)



After results are available, ensure there is access to a senior clinician to undergo Shared Decision Making with the patient, eg whether to undergo further tests or treatment:

- Whether to treat anaemia, if so which treatment?
- Whether to delay operation?
- What is the aim?
- Are other tests needed?
- Whether a referral is needed (eg referral to gastroenterology?)
- Whether to consider an alternative to surgery (patient should be encouraged to think about Benefits, Risks, Alternatives and what if they do Nothing or 'BRAN')
- Can the patient be optimised – eg exercise programme to increase physiological reserve?



Can techniques reduce blood loss in theatre?



Is there a plan to monitor, assess and manage anaemia postoperatively?



Does the patient have a discharge and follow up plan? (This is especially important if the patient might be discharged anaemic) Can that plan be followed through (with communication if transfer of care, or named responsible clinical team)?



[Patient Recommendations](#)



[The Guideline](#)



[Shared Decision Making resources](#)