

Donor red cell transfusion has for a long time known to have deleterious effects on patient outcome following major surgery. These include immune modulation, transmission of infection including vCJD, reactions. There are many approaches available to surgical teams to reduce or prevent expensive donor cell transfusion. These include pre-operative iron, erythropoietin, cessation of anti-platelet medications (including non-selective NSAIDs), and autologous predonation. Intra-operatively the maintenance of normothermia, hypotension, haemodilution, antifibrinolytics, and cell salvage may be used. Postoperatively blood salvaged from wound drains may be re-transfused.

Until recently in Worthing, intra-operative cell salvage has required a relatively complex cell salvage machine. Whilst our 2 machines have provided excellent service, by their nature they have been used only where large losses have been anticipated eg revision hips, Caesarian section for placenta previa etc. There has been a large group of patients who have fallen under the threshold for the machines but have nevertheless required donor cell transfusion following elective surgery. Recently the Sangvia[®] system (Astra Tech, Mölndal, Sweden), a simple and quick method of collecting and transfusing up to 1500ml intra-operative blood, has been introduced for this intermediate group. Within 6 months of its introduction it has become standard care for primary hip replacement with 70% of patients having 300ml or more of their own blood transfused.

Howard Wakeling
Consultant Anaesthetist
Western Sussex Hospitals NHS Trust
Worthing Hospital
Worthing
BN11 2DH
howard.wakeling@wsht.nhs.uk