

## Surgery Patients Refusing Blood Transfusion: Patient Care Considerations

### Surgeon/Surgery Team

- A) Assess: Goal of surgery: benefits verses risks of blood loss  
 Anticipated blood loss: define minimum preoperative Hb (Hemoglobin) level required  
 Hb, Platelets, Ferritin, Creatinine, INR/PTT  
 Patient's Height, Weight, BMI, Age, Co-morbidities, Medication
- B) Complete and fax to Blood Transfusion Laboratory:  
 Refusal/Consent with Restrictions of Transfusion of Blood and/or Blood Products  
[https://intra.lhsc.on.ca/priv/forms/search/search\\_results.php](https://intra.lhsc.on.ca/priv/forms/search/search_results.php) (form NS5646 Rev. 2014/06/01)
- C) If indicated, refer ASAP (ideally 30 or more days pre-op) to Patient Blood Management (ext. 32707)
- D) Table 1: Strategies to consider for Patient's Refusing Transfusion

Preoperative	Intra-operative	Post-operative
<p><b>Anemia Investigation</b>            Hemoglobin/Ferritin            Diagnosis may be deferred to Family Dr.</p> <p><b>Hemoglobin Optimization</b>            Treatments:            PO: Iron, vitamin B12, folic acid            If Indicated:            Iron IV            Epoetin Alfa (Eprex) if given            1) Aspirin 81 mg daily until 3 days pre-op unless contraindicated            2) compression stockings post-operatively            3) VTE prophylaxis per routine post-op care</p>	<p><b>Communicated, Coordinated Surgeon and Anesthesiologist plan</b></p> <p>Attention to Hemostasis            Harmonic scalpel            Fluid Management avoid hypo/hypervolemia            Hypotensive Anesthesia            Cell Salvage: if patient accepts; consider option to collect and only process/transfuse if blood loss indicates            Antifibrinolytics            Topical hemostatic agents            Acute Normovolemic Hemodilution</p> <p>Cardiopulmonary Bypass: circuit, retrograde autologous prime, heparin/protamine management, point of care testing</p>	<p><b>Minimize blood tests:</b> only test if result will lead to specific treatment; Consider using smaller volume blood tubes</p> <p><b>Augment surgical recovery:</b>            pain control            normovolemia            normothermia            supplemental oxygen            promote comfort</p> <p><b>Optimize erythropoiesis:</b> iron, vitamin B12, folic acid minimum 1 month post-op</p> <p><b>Assess Patient:</b>            symptoms, if indicated hemoglobin            If necessary consider:            Iron IV            Epoetin Alfa (Eprex)</p>