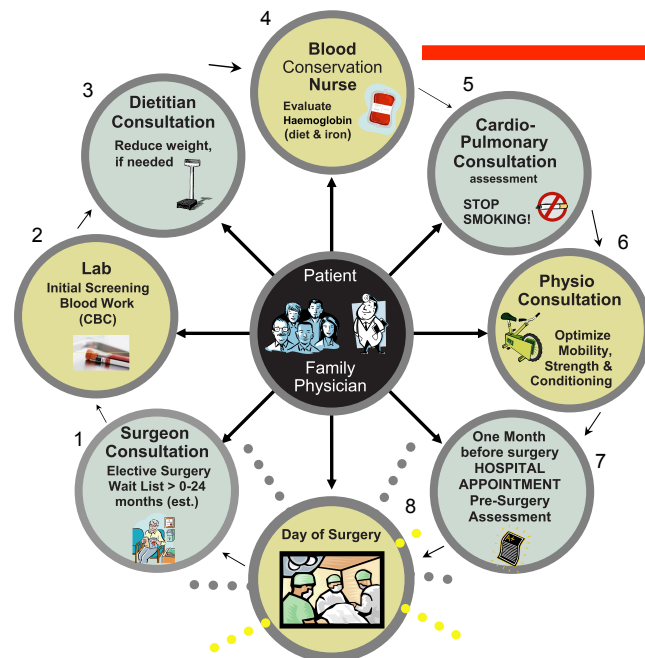


The Silver Lining of Surgical Wait Times A Multi-Disciplinary Health Promotion Approach

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Waiting for Surgery? There is a Silver Lining!

The waiting period for surgery can sometimes seem long, but it can actually be very beneficial. The chart below gives you an idea of some of the things you can do to prepare for your surgery. Using the period productively can improve your health and lifestyle and may shorten your recovery time too.



To be *your* best on the day of your operation talk to your family doctor about what you can do during your waiting time.

World Class. Right Here.

Purpose:

To effectively utilize surgical wait times by improving patient preparedness for major elective surgery (e.g. total hip and knee replacement). The waiting period can be utilized to reduce the likelihood of blood transfusion by optimizing preoperative haemoglobin.

Blood Conservation Nurse

6 months to 1 year Pre-operatively

Initial CBC

Hgb < 100g/L	Hgb 100 to 130 g/L	Hgb 130 to 150 g/L
Anemia investigation required (arranged by Family Physician)	Report to family physician: further investigation as indicated (evaluate for blood loss, renal/hepatic disease and other causes of anemia) Iron rich diet Oral Iron (ferrous fumarate)	Suggest oral iron (ferrous fumarate), if indicated by surgical procedure and estimated blood loss. Iron rich diet

4 to 6 Weeks Pre-operatively

Re-evaluate CBC

Hgb < 100g/L	Hgb 100 to 130 g/L	Hgb 130 to 150 g/L	Hgb > 150 g/L
Consider delaying surgery	Consider Erythropoietin and Iron therapy (oral or iron IV)	Consider autologous donation &/or oral iron according to surgical procedure	Consider strategies according to surgical procedure
< Health teaching, counseling re: blood conservation & transfusion options >			

Outcome:

In surgeries where there is a potential for greater than 10% blood loss (e.g. total hip and knee replacement), patient haemoglobin is optimized to a level where there is an anticipated reduction in the need for blood transfusion.

Surgical wait time is utilized productively to maximize haemoglobin, utilizing the conservative and economical strategies of diet and oral iron supplements in selected patients.

Those thought to benefit from erythropoietin and iron therapy are identified 4-6 weeks preoperatively and optimized accordingly.

All patients receive information and counseling pertaining to blood products and are presented with the opportunity to ask questions, facilitating informed choice and decision-making.