**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

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<tr>
<th>Preoperative</th>
<th>Intra-operative</th>
<th>Post-operative</th>
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| **Anemia Investigation**  
Hemoglobin/Ferritin  
Diagnosis may be deferred to Family Dr. | **Communicated, Coordinated Surgeon and Anesthesiologist plan**  
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 | **Minimize blood tests:** only test if result will lead to specific treatment; Consider using smaller volume blood tubes |
| **Hemoglobin Optimization**  
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 |  
| **Autologous Blood Donation:**  
If patient accepts/procedure indicates |  
| **Cardiopulmonary Bypass:** circuit, retrograde autologous prime, heparin/protamine management, point of care testing |  
| **Optimize erythropoiesis:** iron, vitamin B12, folic acid minimum 1 month post-op |
| **Assess Patient:** symptoms, if indicated hemoglobin |
| If necessary consider:  
Iron IV  
Epoetin Alfa (Eprex) | |