

Preoperative Hemoglobin Optimization and Anemia Management

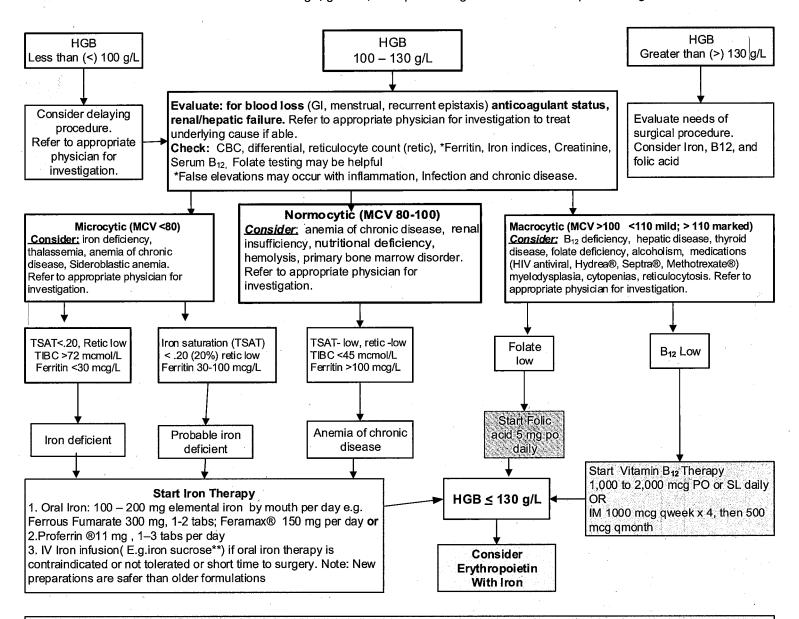


Goal: Transfusion avoidance in adult surgical patients

Risk Factors for Transfusion: Hemoglobin (HGB) less than (<) 130 g/L, weight less than 65 Kg, elderly, female, complex or repeat surgical procedure, renal insufficiency (creatinine clearance <40 ml/min), antiplatelet agents, anticoagulants, some supplements

Transfusion Avoidance Strategies: Early assessment (28 days before surgery) and evidence based, coordinated interventions as required.

Interventions must take into consideration age, gender, anticipated surgical blood loss and pre-existing medical conditions.



Epoetin Alfa (Erythropoietin)** HGB optimization using erythropoietin: USUAL target is HGB 130 g/L, MAXIMUM target in renal and oncology patients to less than 120g/L. Patients with pre-existing thrombotic events should be monitored closely.

Standard Dosing: Epoetin Alfa 20,000 – 40,000 units subcutaneously (600 units/kg) weekly to a maximum of 4 doses depending on presenting hemoglobin and time to surgery.

Short dosing schedule is available for urgent cases: Epoetin Alfa 300 IU/kg given for 10 consecutive days prior to surgery, on the day of surgery, and for four days immediately thereafter.

**May be Accessed in Ontario through Third party provider or Ontario Drug Benefits Plan (Exceptional Access Program, Trillium)