

Patient Blood Management: An Interest Group Meeting
Replacing blood with iron

Saturday 2 March 2019 Inanda Club, Sandton, Johannesburg

I was invited to an interest group meeting at Inanda Club, Sandton that was hosted by the Gastro Foundation. It was a beautiful sunny Saturday morning and the room was filled with familiar faces. What better way to spend a Saturday morning: great food, excellent company and brilliant discussions.

Prof Kassianides kicked off the morning by highlighting what patient blood management was about and the dire need for guidelines in our country. He introduced the expert panel which included: Dr Jackie Thomson, Prof Chris Lundgren, Dr Anthony Beeton and Prof Estelle Verburch.

Dr Beeton described our South African patients to be "primed for disaster". In our population, malnutrition and chronic diseases such as HIV/AIDS significantly contribute to iron deficiency anaemia.

Prof Lundgren spoke on the respect of persons; social justice and the value of human life. She stated that in South Africa the lack of skilled staff and the lack of patient blood management was a violation of the mother's human rights.

Pregnant mothers are additionally at risk; they start off in a compromised state with low haemoglobins secondary to nutritional factors. Coupled with peri-delivery haemorrhage and lack of resources particularly at primary health care facilities and secondary hospitals lead to considerable morbidity and mortality. The following factors were identified: lack of trained personal, lack of identifying haemorrhage and timeous decision making and lack of access to blood products for post partum haemorrhage.

Dr Trudy Smith, an obstetrician and gynaecologist commented that prompt decision making for post partum haemorrhage is required. The bleeding needs to be identified and a decision to perform a hysterectomy should be fast in order to reduce maternal mortality. I acknowledge these key principles and the challenges that exist at primary health care facilities and secondary hospitals regarding the execution of this.

Food for thought points that the expert panel highlighted included:

- Iron Therapy including administration and how close to a surgical procedure may iron therapy be given
- The cost of iron therapy versus blood transfusions
- An important consideration was whether health care funders would remunerate the use of iron therapy peri-operatively

There is currently no consensus on this; it was clear that a mindset change is essential and this was echoed By Dr Anthony Beeton.

The expert panel concluded by recommending that South African guidelines are needed and have proposed to compile recommendations. Watch this space!

In my Practice I have noted the discussion surrounding iron deficiency anaemia and the importance of investigating, diagnosing and treating the cause. Additionally as a

colorectal surgeon in training, I have begun to think about the role of patient blood management, blood transfusions and iron therapy in enhanced recovery after surgery. That this was a very insightful, stimulating and educational morning.

Lastly, thank you to the Gastro Foundation, Karin Fenton, Juliet Desilla and Bini Seale for organizing another amazing Gastro Foundation event. Thank you too to the sponsors, Vifor.

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