

IronMan: A Summary of Perioperative Iron Deficiency Anaemia Practices In the North West

A Project by the North West Research and Audit Group led by Dr Thomas Heaton

Background

Perioperative anaemia is believed to have significant impact on perioperative outcomes, particularly around **cancer surgery**. Correcting anaemia around surgery is often challenging due to time limitations and the difficulties with oral iron absorption and side effects. **Intravenous iron** has been shown to augment preoperative haemoglobin but the **PREVENTT** study suggested this did not translate in to reduced mortality or transfusion. This study sought to establish variability in practice around the north west region in perioperative anaemia and intravenous iron use.

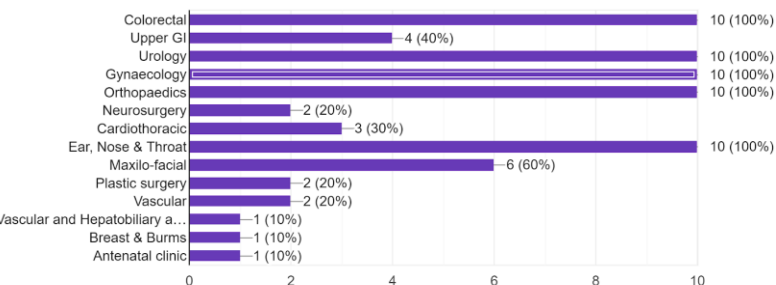
Method

Recruitment of trainees and fellows at all responding sites in the north west region via NWRAG mailing list. A questionnaire was issued to each trainee to discuss with lead or most appropriate staff member at each site

Scope

10 out of 12 possible hospital sites in the North West responded

Which elective surgical specialties are at your hospital?
10 responses

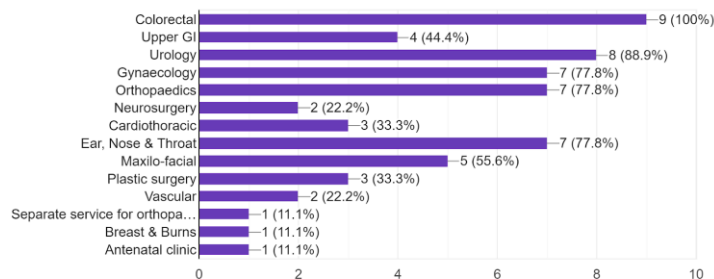


Results

Nine out of 10 sites had an IV iron policy **90%**

Colorectal surgery has the most access to IV iron services

Which surgical specialties have access to IV iron services?
9 responses



Indications for IV iron varied but 7 out of 9 sites listed 'iron deficiency anaemia'

Anaemia was **defined** as:

- <130g/L (4/7 sites)
- <109g/L
- <110g/L (women) or <125g/L (men)
- "Consultant preference"

Iron deficiency also had diverse definitions

Time frames varied from 'too short for oral iron to be effective' to '3 months'

Conclusions

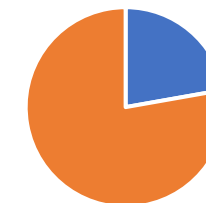
There is **highly varied practice** regarding perioperative anaemia across the North West region. Particularly important to note is the **variation in the definitions and diagnostics of anaemia** and iron deficiency. Ownership and logistics of the services also vary, presumably to fit each sites requirements though learning from each other may help improve access to IV iron services.

WHO definition of anaemia: < 130 g/l for men, < 120 g/l for women

Location of IV iron therapy:

- 7/9 **Day case service** setting
- 1 site had community service
- Haematology unit
- Antenatal unit

First Choice IV Iron preparation



■ monofer ■ ferrinject

Variation also in the **prescribing** and **funding** of IV iron

Only **1** site had a **postoperative** IV iron policy

Collaborators

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