

# Perioperative Anaemia Guideline for patient undergoing elective surgery

<b>TARGET AUDIENCE</b>	Preoperative assessment nurses, anaesthetists, surgeons
<b>PATIENT GROUP</b>	Preoperative patients

## Abbreviations

PCNL	Percutaneous Nephrolithotomy
USOC	Urgent Suspicion of Cancer
A/R	Anaesthetic Review
EBL	Estimated blood loss
BSO	Bilateral salpingo-Oophorectomy
IDA	Iron deficiency Anaemia
Hb	Haemoglobin
FBC	Full blood count
CRP	C reactive protein

## Clinical Guidelines Summary

Anaemia screens should be performed on all patients with an estimated blood loss (EBL) of 500mls or more.

Target haemoglobin for preoperative patients is 130g/dl.

If the haemoglobin is <100g/dl an anaemia screen should be performed irrespective of the type of surgery.

Consideration should be given to the cause of the anaemia and onward referrals should be made if appropriate.

<b>Lead Author</b>	M Stephens (Consultant Anaesthetists)	<b>Date approved</b>	21.12.25
<b>Version</b>	V8	<b>Review Date</b>	December 2028

# Perioperative Anaemia Pathway

## Guideline Body

Who should we test and when?

To avoid unnecessary testing, take FBC in first instance, and can add on anaemia screening the next day, (exception being Fridays when we have to do full screen).

### Screening includes;

- ◆ FBC, iron studies, CRP, ferritin and vit B12/folate.

### Types of surgery with an EBL of >500mls are listed below;

#### Ortho:

- ◆ Total hip or knee replacement
- ◆ Revision surgery to hip or knee
- ◆ Osteotomies

#### Gen surg:

- ◆ Oesophagectomy
- ◆ Gastrectomy (total or partial)

All major colorectal surgery (does not include lap chole, hernia repairs or rectopexy)

#### Urology:

- ◆ Nephrectomy (partial or total)
- ◆ Cystectomy
- ◆ PCNL

#### ENT:

- ◆ Any major head and neck procedure including laryngectomy, neck dissection

#### Gynae:

- ◆ Total abdominal hysterectomy +/- BSO (open or laparoscopic)

#### Vascular:

- ◆ Open aortic surgery
- ◆ Axillo-femoral or fem-popliteal bypass

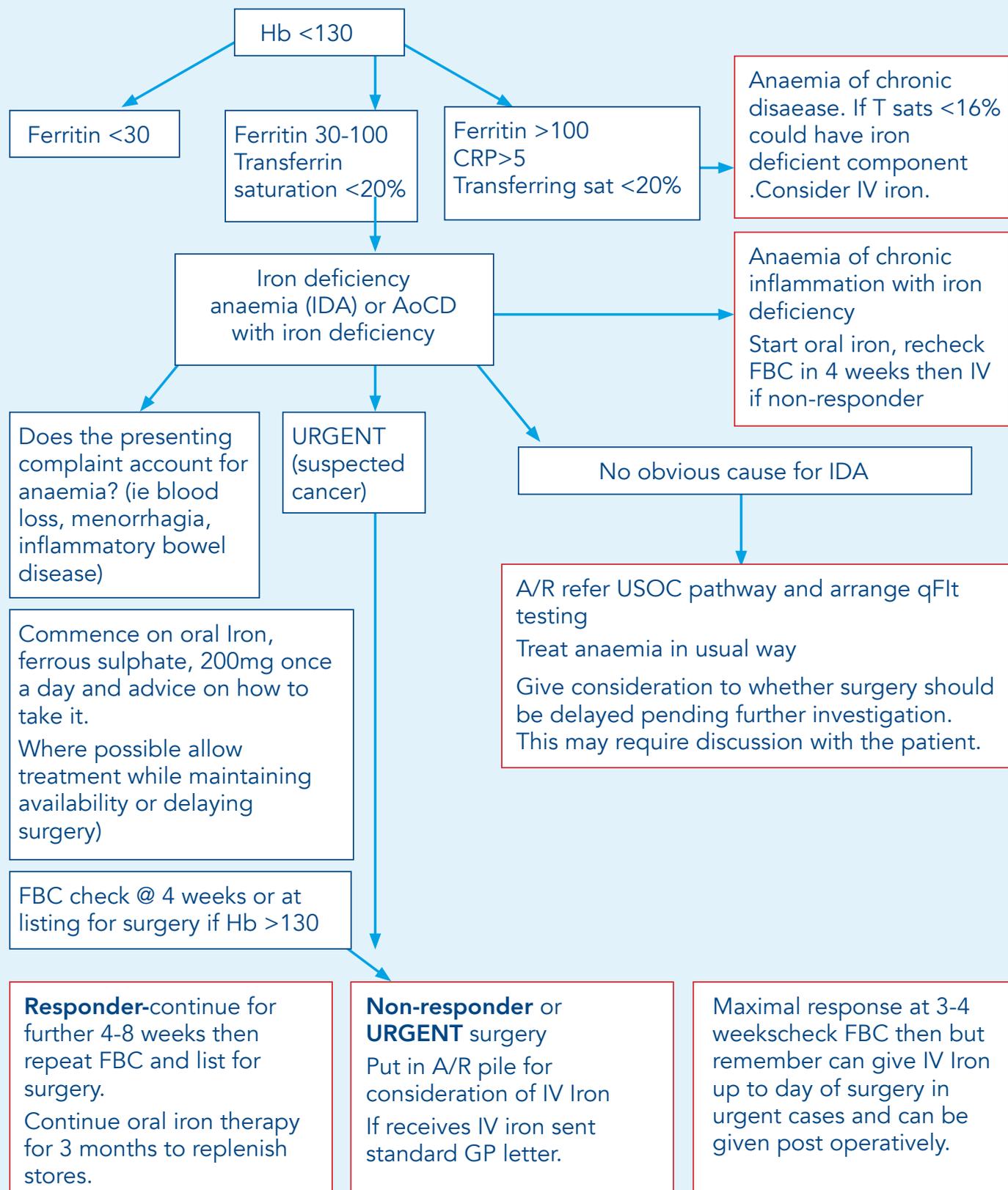
**Perform an anaemia screen on anyone with a Hb of <100 regardless of EBL or procedure.**

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## Interpretation of Results

Overall, the most common causes of IDA are colorectal and gastric carcinoma and coeliac disease. 2-5% percent of the population have IDA, the incidence in much higher in the surgical population.



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## Appendices

### 1. Governance information for Guidance document

Lead Author(s):	Miriam Stephens (Consultant Anaesthetists)
Endorsing Body:	Preassessment Cross Site Group
Version Number:	8
Approval date	21.12.25
Review Date:	21.12.28
Responsible Person (if different from lead author)	

### Consultation and Distribution record

Contributing Author /Authors:	Miriam Stephens (Consultant Anaesthetists) Shona McConnell (Consultant Anaesthetists)
Consultation Process /Stakeholders:	Reviewed by all preassessment consultants in NHSL
Distribution:	Primarily for use by NHSL preassessment nurses and doctors.

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## Perioperative Anaemia Pathway

CHANGE RECORD			
Date	Lead Author	Change <i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	Version No.
			1
21.12.25	Miriam Stephens	Added screening for intermediate or minor ops with Hb of less than 100g/dl	2
			3
			4
			5

**2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.**

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

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