A PROSPECTIVE AUDIT OF THE MANAGEMENT OF POSTOPERATIVE ANAEMIA IN PATIENTS AFTER OPERATIVE MANAGEMENT OF NECK OF FEMUR FRACTURES

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Background: There is limited evidence available to guide the diagnosis and management of anaemia and iron deficiency in post operative patients. Numerous guidelines from
professional associations exist for the management of pre-operative anaemia. We identified an international consensus statement that provided guidance on patient care with respect to postoperative anaemia and iron deficiency. Our aim was to determine if our practice was consistent with the best practice recommendations of this document.

Methods: We conducted a prospective audit on a convenience sample of patients over the age of 60 with neck of femur fractures who underwent operative management between January and April 2022. We collected data on pre and post-operative haematological indices including haemoglobin, serum iron, ferritin and transferrin saturation as well as data on patients who received IV iron and red cell transfusions.

Results: We included 50 patients with neck of femur fractures who underwent hip replacement. All patients had post-op haemoglobin levels performed. Fifteen (30%) patients fulfilled the criteria for diagnosis of postoperative iron deficiency. Only 4/15 of these patients received IV iron postoperatively. Four patients who did not fulfill criteria for post-op iron deficiency received IV iron. Two patients had a post-op haemoglobin between 7-9g/dL and appropriately received red cell transfusions. Four patients received red cell transfusions despite having post-op haemoglobin levels >9g/dL.

Conclusion: Our findings indicated approximately 1/3 of patients fulfilled criteria for post operative iron deficiency while only a small proportion were treated for this. More data is required to establish the impact of post-op anaemia management strategies on functional recovery and quality of life as well as laboratory and interventional endpoints. A local protocol for the management of post operative iron deficiency with and without anaemia will be developed.