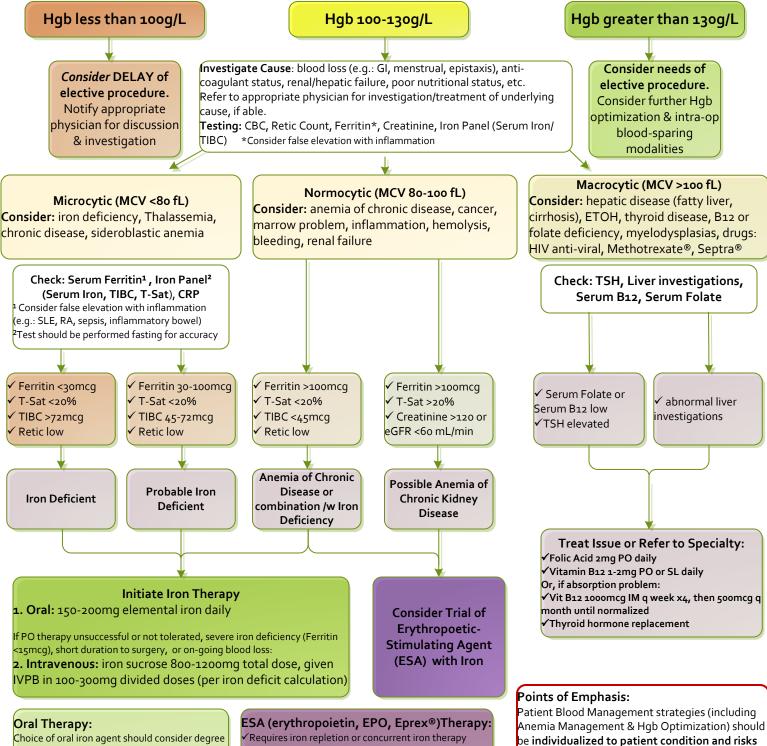


## **Preoperative Anemia Management &** Hemoglobin (Hgb) Optimization

At-Risk Patient Populations: Hgb <130g/L (male or female), weight <65kg, female gender, complex or revision surgery, renal disease, antiplatelet and/or anti-coaqulant therapy, hematologic conditions (i.e.: Thalassemia), 'No Blood'/transfusion-refusal Ideal Timeline for Assessment: Ideally at surgical INTAKE, at time of acceptance for surgery; at least 30 days preop



Choice of oral iron agent should consider degree of iron deficiency, drug interactions, likelihood of compliance with therapy, likelihood of iron/Hgb correction by surgery date

Requires iron repletion or concurrent iron therapy Requires consideration of risk/benefit balance

of surgical procedure.

✓ Renal disease (e.g.: max 120g/L)

✓ Patients refusing transfusion "No Blood"

Patients with pre-existing arterial-venous

for:

deal preop Hgb targets may need to be adjusted

thrombotic events should be monitored closely

## Standard ESA Dosing:

600iu/Kg given SC weekly to target Hgb Ex: 20,000-40,000iu SC given on day 21, 14, and day 7 preop, and then day of surgery CHECK Hgb after every 2 doses to monitor effect and avoid exceeding safe Hgb targets

## AHS CZ: PBM Program P: 403-944-4710 F: 403-944-4571