AB024. 52. Analysis of blood transfusion practices for vascular bypass surgeries using the maximum surgical blood ordering schedule

Rosaleen Louise Lyons¹, Martina O'Connor², Margaret Tarpey², Sean Naughton¹, Donal Courtney², Muhammad Tubassam², Stewart Wals², Sherif Sultan², Wael Tawfick²

¹Department of Vascular and Endovascular Surgery, ²Galway Blood and Tissue Establishment, Galway University Hospital, Galway, Ireland

Background: The maximum surgical blood ordering schedule (MSBOS) provides procedure specific recommendations for cross matching of red cells concentrate (RCC). Our MSBOS recommends to crossmatch 4-unit of RCC for Aorto-iliac/femoral bypasses, 2-unit for femoro-distal bypasses, with a group-screen and hold (GSH) for femoro-popliteal/femoral bypasses. The internationally recommended cross-match to transfusion ratio (CTR) is <2:1.

Methods: Clinical audit; with data collection on all bypass surgeries performed in our institution from August 2017 to August 2018. Procedures were assessed for compliance against MSBOS guidelines from the APEX database.

Results: A total of 42 bypasses were performed with



four excluded, as they were performed in combination with aortic aneurysm repair. Seventeen femoro-popliteal bypasses should have had a GSH. However, sixteen were cross-matched 2-unit of RCC, resulting in 32-unit being cross-matched, with 3-unit transfused (CTR =10.6). Seven aorto-bifemoral bypasses were cross-matched 4-unit as per MSBOS. In total 28-unit were cross-matched, with one transfused (CTR =28). Of seven femoro-distal bypasses, four requested the recommended 2-unit, two crossmatched 4-unit and one requested 3-unit. A total of 19unit were requested, with 8-unit transfused (CTR =2.37). Two axillo-bifemoral bypasses requested 4-unit each, with 5-unit transfused (CTR =1.6). One axillary-brachial bypass requested 4-unit, with none transfused. Two ilio-femoral bypasses cross-matched 6-unit, with three transfused (CTR =2). One aorto-superior mesenteric artery (SMA) bypass cross-matched 4-unit, with none transfused. One iliac-SMA bypass cross-matched 4-unit, transfusing 2-unit.

Conclusions: We recommend reducing cross-matching for aorto-iliac/femoral bypasses from 4 to 2 units. Improved compliance with MSBOS guidelines is required, especially for GSH procedures. Unnecessary cross-matching is wasteful of blood bank resources.

Keywords: Blood transfusion; bypass surgery; maximum surgical blood ordering schedule (MSBOS); vascular surgery

doi: 10.21037/map.2019.AB024

Cite this abstract as: Lyons RL, O'Connor M, Tarpey M, Naughton S, Courtney D, Tubassam M, Wals S, Sultan S, Tawfick W. Analysis of blood transfusion practices for vascular bypass surgeries using the maximum surgical blood ordering schedule. Mesentery Peritoneum 2019;3:AB024.