

PBLD: The Anemic Patient at Your ASC

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Case:

A 44-year-old woman presents to your preoperative clinic. In two weeks, she is scheduled to undergo a dilatation and curettage with intrauterine device placement at your hospital's freestanding ASC for progressively worsening menorrhagia. She also has a long history of Crohn's disease that is reasonably well controlled medically.

Past Medical History: Crohn's disease, hypertension, chronic kidney disease, and anxiety

Past Surgical History: Left hemicolectomy, small bowel resection

Social History: Uses THC gummies and occasionally "vapes" THC for anxiety

Medications: losartan/HCTZ, azathioprine, buspirone, clonazepam PRN

Vitals: HR 104, BP 165/85

5'6", 100 kg (BMI 35.5)

Labs: Hemoglobin 8.2 g/dL, hematocrit 22, platelets 550k, WBC 8.5

MCV 78 fL (ref 80-100), reticulocyte count 0.5%

Transferrin Saturation = 20%, Ferritin = 80 mcg/L, Reticulocyte hemoglobin content = 25%

Folate / B12 studies normal

K 4.4, Creatinine 1.3 (eGFR 49)

T&S A+, no antibodies

Questions:

What are the perioperative implications of anemia?

What are possible causes of this patient's anemia? How would you determine the cause?

Is she a candidate for surgery at the ASC?

What treatment options are available for preoperative anemia? What if preoperative treatment is not an option?

What are the available intravenous iron formulations? How do they differ? What are the adverse events and potential risks associated with iron infusions?

What is the role of erythropoiesis-stimulating agents (ESAs)? Are they contraindicated in a patient with cancer? What about patients with a history of thromboembolic disease?

Your health system balks at purchasing ferric carboxymaltose because of its high acquisition cost. Are there any arguments to support its use?

Is there evidence that correcting preoperative anemia improves outcomes?

What are the elements of Patient Blood Management (PBM)?

References

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