

Multiple ways to avoid surgical

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Abstract

Hemotherapy has been deservedly considered a heroic therapy, despite some adverse effects. After the HIV pandemics, awareness about transfusion-associated diseases (e.g. HIV, HBV/HDV, HCV and HTLV virus; the protozoan Trypanosomiasis and Malaria) challenged us to associate chronic diseases to transfusional events. Notwithstanding excellent diagnostic tools, a significative probability of transmission remains. Acute Transfusion Reactions are rare; those findings have increased consciousness about subtle immunohematology troubles. Despite ABO/Rh compatibility, about 20 different remaining antigen systems are the root of Erythroblastosis fetalis and delayed haemolysis. Modern hemotherapy uses fractioned Hemecomponents rather than whole blood – Meaning optimisation of the blood supply and focused therapeutics.

However, further technologies are paramount for Patient Blood Management. Determining the patient's iron profile will assure his haematopoiesis is at its best before surgery. The management of selected patients with supplements and recombinant human erythropoietin shows favourable results. A previous autologous blood donation will result in the availability of those units post-operatively. It is possible to program a preoperative haemodilution (i.e. calculated harvesting of blood in the immediate preoperative). The surgical losses will be of lesser concentration, and the blood will be available post-operatively. Through the process of “cellsaving”, blood picked from the surgical site is aseptically processed into concentrated Red Blood Cells (in isotonic saline) for an immediate return. The personalisation of laboratory Ht/Hb decision thresholds limits transfusion with the substitution for alternatives. For patients requiring chronic regimens, judicious use means saving excessive use and increasing tolerance.

Speaker's Biography:

Victor Lage de Araujo has completed his MSc Evidence-Based Healthcare at the University College London, at 2019. He is a Brazilian physician – Board specialities: Clinical Chemistry, Hemotherapy and Healthcare-Associated Infection Control – and practices Clinical Pathology at Brazil. Victor is a member of the Brazilian Society for Clinical Pathology/Laboratory Medicine and International Fellow of the College of American Pathologists (CAP). For his Title as Laboratory Physician, he has presented a study on combined measures in Blood Management in orthopaedic surgical patients. He is a Polyglot (Portuguese-BR,

English, Spanish, French, German and Dutch) and Medical Translator.

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