Working towards Transfusion-Free TKR Surgery through Patient Blood Management (PBM) Programme



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Recurrent Blood Shortage in Hong Kong













Supply Vs Demand Supply : Blood Donation (HK Citizen)







Demand : Blood Conservation (Healthcare Professional)









Blood Loss in Total Knee Arthroplasty (TKA)

- Traditionally, TKA can result in substantial blood loss
 - Estimated blood loss : 1500 ml⁻¹
 - Transfusion rate : 38 %¹





1. Bong MR et al. Risks associated with blood transfusion after TKA. J Arthroplasty 2004







Multidisciplinary team approach

Shander Br J Anaesth. 2012; 109: 55 Spahn & Goodnough Lancet 2013;381:1855





QMH Multi-disciplinary Team in PBM (TKA)

Aim : Judicious use of transfusion in TKA

O&T Surgeon

Anaesthesiologist

Haematologist





Preoperative Anemia Identification/Mx

QMH 320 patients in 2016

- Anemia (Hb < 11) : 10%</p>
- Protocol (Anemia Workup)
 - Chief causes of anaemia
 Iron deficiency (25%)

Algorithm for the Management of Preoperative Anaemia in Joint Replacement Surgery in QMH (Version 1.2 dated 19/03/2016)



Protocol for Anemia Workup



PRE-OP HB





Cauese : GIB/ Ca colon

Anemia Optimization : Fe supplement / Erythropoietin







Measures to min Intraop Blood Loss

- Decrease blood loss during surgery
 - Spinal Anaesthesia
 - Surgical techniques
 - Drug
 - Enhance Haemostasis
 - -Tranexamic Acid (TXA)









QMH : Pioneer in **Combined TXA in HK**

Combined Intra-Articular and Intravenous Tranexamic Acid Most effectively in Reduction of Blood Loss in TKA A Prospective Randomized Controlled Trial (2017)

1000 849.48 750 Calculated Blood Loss (ml) 661.7 566.64 500 554.5 460.37 358.88 **228** 250 25.6 192.17 → (2) PreIV+IA (3) PreIV+IA+PostIV () D2 D0 D1 Post-OP Days

Calculated Blood Loss By Gross Formula (D0, D1, D2)





Judicious Use of Blood

Single Unit Transfusion Policy

Prescribing 1 unit Blood at a time



Single Unit Transfusion Policy

- Restrictive transfusion Protocol (cut-off 7g/dL)
 - Reduced in-hospital mortality



Restrictive Transfusion Trigger

World Health Organisation, World Health Assembly, 2010 : Availability, safety and quality of blood products. Salpeter SR et al. (2014) Impact of more restrictive blood transfusion strategies on clinical outcomes: a meta-analysis and systematic review. Am J Med 127(2)







To review the effectiveness of

– Patient Blood Management (PBM) in TKA in QMH

Hypothesis

PBM effectively Reduce Blood Transfusion in TKA in QMH





Materials & Methods

Case control study

Control group:

• Patients received TKA from QMH in 2013

- before PBM implementation

Case group:

- Patients received TKA from QMH in 2017
 - after the full PBM implementation

Outcome Measures

Primary outcomes:

• Transfusion rate

Secondary outcomes:

- Medical complication (CVA / IHD)
- Length of stay at hospital (LOS)







Materials & Methods

Data Source

- CDARS (Clinical Data and Analysis Reporting System)
- QMH Joint Replacement Registry database

Statistical Analysis

- Paired t-test
 - Statistically significant if *p* < 0.05







Results

Primary TKA Patients in QMH

- 345 patients (2013) Vs 331 patients (2017)
 - Comparable for analysis
 - Patients demographics
 - Preoperative haemoglobin level (p>0.05)
- Decreased Transfusion rate after full PBM implementation in 2017
 - -29% in 2013 (No PBM)
 - **-5% in 2017** (*p<0.05*) (After full PBM)

No medical complications in both groups (CVA/IHD)



Transfusion Rate before and after PBM at QMH



Transfusion Rate (%) post TKA between 2013-2017

No PBM

After FULL implementation PBM



Transfusion Rate before and after PBM at QMH







The Average Length of Stay post TKA at QMH

- Increased Proportion : Discharge on postop 1-3 Day
 - 2013 Vs 2017 = 0% Vs 5% (p < 0.05)

	2013	2014	2015	2016	2017
% of patients discharged D1-D3	0%	1%	3%	3%	5%
Transfusion Rate	29%	15%	12%	4%	5%





Discussion

Patient Blood Management Guidelines: Module 1

Critical Bleeding Massive Transfusion

PBM in Australia Pioneer in the World

Evidence-based clinical practice guidelines for better patient blood management

Lower Transfusion Rate Better Surgical Outcome



National Blood Authority

Australia



Australian Government

National Health and Medical Research Council





Discussion

QMH Pioneer Experience in PBM after TKA

- Transfusion rate
 - 29% in 2013 Vs 5% in 2017
 - Reduction of 24%



- Without increasing medical complications
- Shorten LOS after TKA

DKCH Joint Replacement Centre : Similar PBM after TKA

- Transfusion rate < 1%
 - Service since 2015
 - Similar PBM Protocol with Fitter Patient









Clinical Implication : Quality / Safety

- Advantage of minimizing transfusion
 - Decrease General Risk of Transfusion

HIV	1 in 2,400,000	
Hepatitis C	1 in 8,000,000	
Hepatitis B	1 in 58,000	
Bacteria in transfusion	1 in 500,000	

Specific in TKA

- Decrease surgical site infection ¹
- Cost-saving in Healthcare Expenditure
 - Cost of 1 unit of Blood ~ HKD 1000/unit
 - 2017: 3219 patients











1. Richard Friedman et al. Allogenic Transfusion and Post-operative Infection after THA/TKA. JBJS (Am) Feb 2014

Clinical Implication : Quality / Safety

Transfusion-related Workload





Enhanced Recovery after Surgery (ERAS) Discharge D1 after left TKA









Importance of PBM in future

- Aging population of HK is Increasing demand for TKA
 - PBM : improved surgical outcomes/safety/cost-saving





 Generalization/Applicability
 Easily applicable to ALL specialty in HK Multi-disciplinary collaboration





Yan CH et al TKA for primary knee osteoarthritis changing pattern over the past 10 years. HKMJ 2011



Conclusion

Patient Blood Management (PBM)

- Effective in reduction of Transfusion after TKA
- Without increasing medical complications
- Potentially improved in Surgical Outcome
 - Enhanced Recovery after Surgery (ERAS)



- Part of Modern Surgical Practices
 - All Surgical Specialty











