

## Comprehensive Blood Management Protocol

1. All Patients should have a hemoglobin check preop. Best is at least 2 months preop.
2. If patients have a history of chronic anemia, they should consult with their Physician for additional suggestions.
3. All patients should stop aspirin, all NSAIDS except Celebrex, plavix and other antiplatelet agents at least 2 weeks preop.
4. Patients should stop all dietary supplements at least 2 weeks preop: some may contain anticoagulant properties.
5. Coumadin will be stopped 5 days preop; injectables, like Lovenox, 24 hours preop.
6. If the hemoglobin is greater than 15, nothing needs to be done.
7. If the hemoglobin is less than 15, Iron should be prescribed for the month prior to surgery.
8. If the Hemoglobin is less than 13, Iron prescription should be started immediately, and hemoglobin should be rechecked in 1 month.
9. If the Hemoglobin is still less than 13, Procrit should be started.
10. The preferred Procrit program is: 40,000 units weekly for 3 weeks preop and a final dose in the recovery room.
11. The alternate program is: 20,000 units daily for 10 days preop.
12. If an insurance company refuses to pay for Procrit, the patient has 2 options: pay for it themselves or accept a higher rate of transfusion.
13. Autologous blood donation is less effective in avoiding transfusion than Procrit.
14. I advise against autologous transfusion, but patients can do it if they insist.
15. Jehovah's witness patients are high risk:
  - a. They cannot have rapidly staged bilateral surgery.
  - b. They should receive Procrit if their hemoglobin is less than 15.
  - c. They need a hemoglobin check done 1-2 days prior to their preop visit in our office.
  - d. I won't operate if their hemoglobin is below 13.
16. My transfusion rate in primary surgery is less than 0.1%, and with rapidly staged bilateral surgery less than 1% using this protocol.