BLOODLESS GYNAECOLOGICAL SURGERY IN UNIVERSITY OF CALABAR TEACHING HOSPITAL

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Introduction:
Gynaecological surgeries, especially myomectomies, are fraught with hazards of haemorrhage and blood transfusion, with significant morbidity and mortality in a low-resource setting. We studied outcomes of bloodless gynaecological surgeries in a low-resource setting.

Materials and methods:
All gynaecological patients formally referred to Bloodless Surgery in our centre who had surgery between January 1 and December 31, 2019, were studied. Data was collected prospectively in a proforma, and included biodata, diagnosis, pre-op haemoglobin, type of surgery done, cadre of surgeon and anaesthesiologist, blood conservation techniques employed, SpO2 at end of surgery, post-op haemoglobin, haematological interventions, length of hospital stay, and complications. Data was entered in Excel spreadsheet and analysed.

Results:
Out of 8 gynaecological patients referred to Bloodless Surgery during the period, 7 had surgery and were included in the study. The 7 patients were aged 16-47 years (median 32 years). Six of the patients had uterine leiomyomas and 1 patient had ovarian dysgerminoma. Surgeries done were 5 myomectomies 1 total abdominal hysterectomy (TAH) and 1 exploratory laparotomy with right ovarian excision, all elective. Five of the patients had surgery in our centre, while 2 had surgery without blood transfusion outside our centre before being referred to Bloodless Surgery in our centre in the immediate post-op period. Pre-op haemoglobin was 7.2-14.1g/dL (mean 11.0g/dl). Tranexamic acid was used in 6 cases, tourniquet in 5, vitamin K in 2, diathermy in 1, and colloids in 1. SpO2 at end of surgery was 98-100% (mean 99%). Post-op haemoglobin on 3rd day was 6.2-11.2g/dL (mean 9.0g/dL). Length of hospital stay was 4-32 days (median 6 days). Longest hospital stay was 6 days for the 4 benign cases (leiomyomas) operated on in our centre, including TAH. Haemoglobin at discharge was 5.7-11.2g/dL (mean 8.8g/dL). There were no wound complications and no other complications, and no mortality after 30 days.

Conclusion:
Blood transfusion avoidance is possible in gynaecologic surgeries in a low-resource setting. Patients' rights are protected, disease transmission is limited, and with proper planning a better outcome may be expected than in transfused patients.

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Abstract track: Outcomes of bloodless care