THE SUPERIOR OUTCOMES OF BLOODLESS SURGERY: TWO CONTRASTING CASE REPORTS

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Introduction: Blood transfusion has been shown by several studies to be associated with adverse outcomes in critical patients. Bloodless care on the other hand is associated with improved outcomes. We present 2 contrasting case reports which illustrate this.

Case #1: A 40-year-old female was admitted through the ER with features of acute abdomen of 2 days duration. She was resuscitated with intravenous fluids, intravenous antibiotics and analgesics, and with preop PCV of 37% she had emergency exploratory laparotomy. Superior mesenteric venous thrombosis was found with infarcted small bowel up to ileo-caecal junction. A limited right hemicolectomy and resection of small bowel was performed with jejunocolic anastomosis. Postop PCV was 24%. The patient was admitted into ICU, made remarkable recovery initially, but was then transfused with 3 unit of blood, and developed TRALI, right lung collapse, hypertension, wound breakdown, and anastomotic leakage. She became oxygen dependent, was on and off ventilator, and stayed in ICU for 3 weeks. Haematologists ordered 2 units of blood when the patient's PCV fell to a nadir of 17% on 28th day post op and the patient passed away as the second unit of blood was being transfused back-to-back on 30th day postop.

Case #2: A 33-year-old female was admitted through the ER with features of acute abdomen of 4 days duration. She was resuscitated with intravenous fluids, intravenous antibiotics and analgesics, and with preop PCV of 35% she had emergency exploratory laparotomy. Superior mesenteric venous thrombosis was found with infarcted small bowel up to terminal ileum. Resection of small bowel was performed with jejuno-ileal anastomosis. Post op PCV was 12%. The patient was placed on iv iron, epo, vitamin C, and vitamin Bco. She made uneventful recovery, her wound healed promptly, all sutures were removed by 10th day post op and the patient was discharged on 12th day postop with PCV of 21%.

Conclusion: Blood transfusion resulted in multiple adverse outcomes and mortality in the first critical patient, whereas bloodless surgery resulted in uneventful recovery in the second critical patient even though she had a more extreme anaemia. Raising the haematocrit with iv iron and epo is the more rational and evidence-based option.

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