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Pre-Operative Anaemia Management at CTMUHB

Martin Cole

Use of VBHC Funding & Challenges

- RGH initially identified at as site with most fragile IV iron provision
- Decision to use funding to support MDU delivery of IV iron
- Recurrent push-back from MDU re: providing service for surgical patients
- Challenges getting teams to “draw-down” funding/utilize available resource
- Repeated attempts to engage MDU teams/management failed
- POW’s roof fell in…

Current progress

- MDU moved location during restructure leaving service unavailable
- Surgical assessment unit temporarily stepped in to deliver service (challenges with process and governance during changes)
- Decision made to utilize funding to support a member of staff at end of redeployment period to remain within preassessment
- Currently:
  - Conversion of clinic room in preassessment
  - Pump training underway
  - Equipment ordered
  - Almost ready to go (fingers crossed)

Other Developments in CTM/future cahllenges

- Standardised oral iron prescribing QI project (Runner-up in National Preop Association Conference Poster presentation March 2024)
- PGD for oral iron in development
- Adopted reflex testing through labs for haematinics
- Pan-CTM switch to monofer for IV iron
- No lead role for anaemia management across HB

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Optimum prescribing of oral iron for perioperative iron deficiency anaemia: a quality improvement project

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Any questions? Contact us at: lucas.wilcock2@wales.nhs.uk

Aim

To assess current practice of oral iron prescribing within pre-assessment clinic (PAC) and design a standardised approach to it for patients undergoing elective procedures.

Background

Anaemia has a significant negative impact on post-operative morbidity and increases the risk of complications by 20% as an independent risk factor[1], highlighting the importance for its optimal management at pre-assessment.

There is significant variability in our practice of oral iron prescribing which can lead to poorer patient tolerance and compliance.

A standardised prescription of oral iron can improve the effectiveness of treating perioperative iron deficiency anaemia (IDA) and reduce the need for later intervention.

Methods

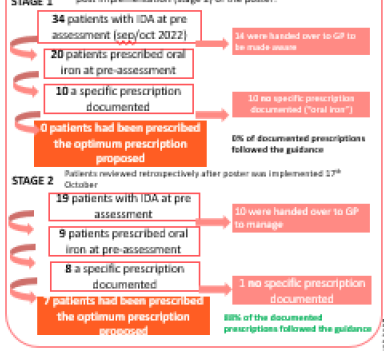
- A literature search was performed to ascertain an optimal oral iron prescription and dosing regimen based upon current best evidence.
- The optimal oral iron prescription proposed was **ferrous fumarate 210mg on alternate days for 4 weeks**[2]
- The evidence reviewed considered factors such as: **absorption, side effects and dosing.**[3,4]
- Patient data from a one-month period was retrospectively reviewed, and we compared the given prescriptions to our proposed standardised oral iron regimen.
- A poster was then implemented advising the optimum oral iron prescription devised
- Staff compliance with this advice was then assessed retrospectively with patient data after the poster was displayed

The implemented poster

The following advice regarding the prescription of oral iron was presented to pre-assessment staff

Results

Flowchart showing patients with IDA at pre-assessment and how many were given the correct oral iron regime pre (stage 1) and post implementation (stage 2) of the poster:



Discussion

Our results have shown that the implementation of a poster have shown:

- an **increase** in the documented prescribing of the optimum oral iron regime for perioperative IDA (0% to 88%).
- A **reduction** in **variability** in prescribing.

Therefore, this intervention has helped optimize the management of IDA in the peri-operative setting and could be applied across the health board.

Limitations

- The sample size assessed for quality improvement was small given time constraints – re-audit of the effectiveness of this intervention in future is needed.

References

1. Munoz M, Acheson AG, Auerbach M, Besser M, Habler O et al. International consensus statement on the peri-operative management of anaemia and iron deficiency. Anaesthesia 2017; 72 (2):233-247.
2. Moretti D, Goede JS, Zeder C, et al. Oral iron supplements increase hepcidin and decrease iron absorption from daily or twice-daily doses in iron-depleted young women. Blood. 2015;126(17):1981-1989
3. Snook, J., Bhala, N., Beales, I.L.P. et al. (2021) British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults. Gut. BMJ.

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Oral iron prescribing for iron deficiency anaemia

Project authors: ***Lucas Wilcock****, Martin Cole, Neeta Tailor, Sarah Cranstone.*

In this poster guideline, we show a standardised approach to **prescribing oral iron** for patients found to have **iron deficiency anaemia** in pre-assessment clinic. This is to maximise **compliance** to the medication and **absorption** of iron whilst also **reducing** the **side effects**[1,2].

Please can all pre-assessment clinical staff adhere to the following guidance:

Has your patient been diagnosed with **iron deficiency anaemia (IDA)** and is their surgery scheduled for **more than 8 weeks** time?

NO → Consider alternative iron therapy or anaemia management

YES ↓

Prescribe **4 weeks** PO **ferrous fumarate 210mg, one tablet** on **alternate days**[3]

- Document this in the patient's notes.
- Contact patient giving oral iron advice using the telephone prompt provided.
- Contact GP to make aware of diagnosis and to continue monitoring and necessary investigation.

References

1. Munoz M, Acheson AG, Auerbach M, Besser M, Habler O et al. International consensus statement on the peri-operative management of anaemia and iron deficiency. Anaesthesia 2017; 72 (2):233-247.
2. Moretti D, Goede JS, Zeder C, et al. Oral iron supplements increase hepcidin and decrease iron absorption from daily or twice-daily doses in iron-depleted young women. Blood. 2015;126(17):1981-1989
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Oral iron prescribing telephone prompt

- Thank you for attending your appointment at pre-assessment clinic.
- After reviewing your blood results, we have found that your iron and haemoglobin levels are **low** which means you have **iron-deficiency anaemia**. This is a very common condition; however, we need to prescribe you **iron tablets** in the meantime to help reduce any potential complications during or after your operation.
- Anaemia can be caused by **poor intake** of essential nutrients such as **iron, B12 and folate**. These nutrients are commonly found in **red meat, fish, eggs and green leafy veg**.
- The medication to be taken is called **ferrous fumarate** and you should take **one tablet (210mg), every other day** for the next **4 weeks.** This tablet should be taken on an empty stomach, ideally **one hour before or two hours after eating**. You should **avoid** taking the tablet with **tea, beans, seeds, nuts or grains**, as this can **limit its absorption**. Taking the tablets with vitamin C in such as orange juice **does not help** its absorption.
- You may experience some **side effects** with these tablets. Common ones include **abdominal discomfort, constipation, diarrhoea and nausea.** If you experience any side effects and they become **unmanageable**, please contact the pre-assessment department.
- Your **haemoglobin levels** will be rechecked closer to the time of your operation to see if the iron tablets have corrected it. However, if they have not been corrected by then, alternative treatment may be needed.

If you have any questions regarding this treatment, please call the pre-assessment clinic on [insert phone number].

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Protocol for Intravenous Ferric Derisomaltose 10% for adults aged 18 years and over

CONTENTS

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This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Reference No: PGDXXX

For the supply of

Ferrous fumarate 210mg for the home treatment of iron deficiency & iron deficiency anaemia

in

pre-operative assessment

Cwm Taf Morgannwg University Health Board

Date PGD valid from	
Date PGD operational from	
PGD review date	
PGD expiry date	
Version number	