

Dear Editor,

We read with interest the article by Yousaf and Khaleel linking preoperative anaemia with the need for blood transfusion and adverse outcomes in elderly patients.

We disagree with their recommendation that preoperative anaemia should be treated by a blood transfusion. There is no benefit of top up or liberal blood transfusion<sup>5</sup>.

Blood transfusion is an excellent treatment for blood loss, but an intervention that itself carries risk; circulatory overload (TACO), febrile reaction, immunosuppressive and immunological effects<sup>1,2,3</sup>. Blood transfusion itself has been shown to be an independent risk factor for poor recovery and delayed discharge<sup>4</sup>.

Patient Blood Management (PBM), an evidence based pathway for optimisation of care for patients that may require blood transfusion, lead by NHSBT. Patients described in this audit should have the cause of anaemia identified (commonly iron deficiency), antiplatelet or anticoagulation therapy stopped. At operation tranexemic acid and cell salvage be routine and post operatively a restrictive blood transfusion policy advocated with the use of one unit of blood at a time.

#### References

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