

Survey of Management of Anaemia after Hip Fracture.

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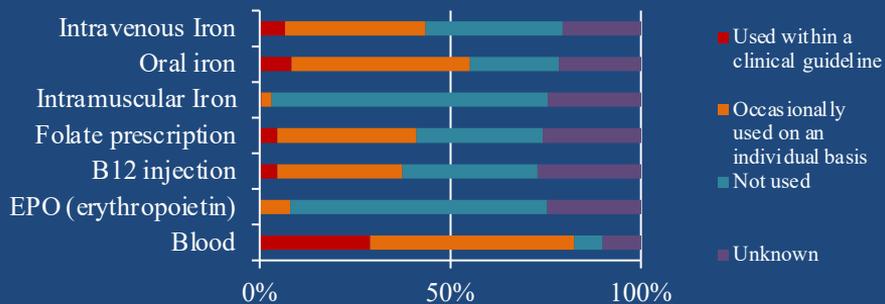
INTRODUCTION:

Anaemia is a common finding before and after hip fracture[1] and may impede functional recovery in this group of patients [2,3]. The use of intravenous iron to optimise iron deficiency anaemia before many elective surgeries is common and advocated by a number of specialist organisations [4-7]. This treatment may be translatable into care pathways for emergency hip fracture patients, though the current evidence to support this is not robust.

METHOD:

- Snapshot of clinical practice and opinion of UK perioperative physicians
- Anonymous online survey using Smartsurvey.co.uk, February - March 2020.
- The survey was circulated using the Perioperative Medicine Clinical Trials Network (POMCTN) website and mailing lists and other professional societies. Departmental mailing lists and social media (Twitter) were also used to publicise the survey.
- The survey was closed due to the onset of pandemic COVID in the UK, but a significant number of further responses were not expected.

Respondents reported use of anaemia management techniques within local clinical guidelines



RESULTS:

- 277 UK clinicians from at least 81 different UK hospital sites.
- 134 Anaesthetists (66%), 41 elderly care physicians (20%), 13 orthopaedic surgeons (6.4%) and 74 did not state speciality.
- 74 (29%) of responders reported the use of guidelines.
- The majority of guidance pertains to blood product prescription.
- Other treatments for anaemia were used more commonly outside of guideline, either occasionally or as individualised treatments.
- Intravenous iron was rarely part of routine clinical practice (6.7%) The reported reasons for this were a lack of evidence, guidance and perceived efficacy.
- 92.5% of clinicians agreed that they would like to see further research in this area and 91% were prepared to recruit to studies in this field.

Comments about future research

'I suspect would need a really big study with patients grouped by cardio-respiratory disease and levels of frailty taken into account. I'm not sure previous studies on post-operative anaemia have really done this well.'

'We need a large RCT- but it has to be adequately powered for meaningful outcomes , not death at 30 Days: it has to have some functional outcome measures.'

'If the evidence was clear and robust then I'm sure it would change practice and protocols'

'personally I think oxygen delivery needs to be improved in the majority of these patients to get them moving again'

'..... I also have concerns re: Iron overload, and effectiveness in this population, although iron deficiency might be extremely common'

'Our unit is currently doing a lot of quality improvement work/possible research in this area'

CONCLUSION:

Management in this area of perioperative medicine is varied. There is agreement that further high-quality research in this area would be beneficial.