

Important Notice: English blood stocks of red blood cells are low, with an Amber alert issued by the National Blood and Transplantation Service.

Considering the current low blood stocks, we would like to support members to continue to perform most major vascular surgery which constitutes **P1 and P2** cases. In most cases there little need for blood transfusion, and in most cases, open aortic surgery, the need for transfused blood is obviated with the use of cell salvage. (https://fssa.org.uk/userfiles/pages/files/covid19/prioritisation_master_28_01_22.pdf)

Cell salvage should in addition be considered for any vascular procedure where it might prevent need for stored blood transfusion (i.e., lower limb arterial bypass or major amputation).

You should also consider the prophylactic administration of Tranexamic acid when major blood loss is anticipated during surgery. (<https://academic.oup.com/bjs/advance-article/doi/10.1093/bjs/znac252/6678119>)

Blood stocks are low!

Now at **AMBER status**

Action required to review scheduled non-urgent elective surgery:

Surgeons are asked to review their theatre lists in the light of the National Blood Shortage. Lists for review up to the end of October will be co-ordinated by the operational management team for the specialty.

Emergency, P2 surgery and Cancer surgery (curative or palliative) should continue.

P3 or P4 surgery scheduled who:

- May require transfusion peri-operatively (a >20% chance)
- You would request a cross match to be undertaken or units prepared
- And who's surgery could safely be delayed (possibly allowing time for treatment of anaemia if appropriate)

should be highlighted for cancellation to your operational management team.

Cancellations due to blood shortage **MUST** be recorded on EPIC with this as the specific reason to allow these patients to be tracked and prioritised in the future when restrictions are lifted.

If a surgeon is uncertain as to whether or not a P3/P4 patient should go ahead, or they wish to proceed with a P3 or P4 case that requires a cross match to be undertaken, this must be discussed with and supported by your Specialty Lead. The MSBOS document (attached) should be used as a guide for when a cross match or request for blood should be considered (and when not required based on the local and national evidence base).

In order to maximise theatre utilisation, cancelled cases can be substituted but this should be focused on day case/23hr stay activity who are obviously not at risk of transfusion.