

A blood transfusion will get my patient home sooner...

MYTH BUSTED

There is emerging evidence that patients transfused after surgery stay longer in hospital and have more infections following discharge.

The CRIT Study¹ shows that RBC transfusions are independently associated with longer ICU and hospital length of stay and increased mortality. Overall there were more complications in the patient cohort and the number of RBC units transfused was an independent predictor of worse clinical outcome.

Multivariate Analysis: The number of RBC units transfused was significantly associated with increased ICU and hospital LOS compared with patients who did not receive transfusions. Patients with

a transfusion amount of 1-2, 3-4, and >4 units had a corresponding increase in median ICU LOS of 2.1, 3.8 and 10.1 days, respectively, and an increase in median hospital LOS of 3.5, 6.7 and 16.8 days, respectively, as compared with the median ICU LOS of 6.6 days and hospital LOS of 11.0 days observed in patients who did not receive transfusions.

In addition, a 2006 study² of blood transfusions during cardiac surgery concluded that there was

- a dose-dependent relationship between reductions in functional recovery for the patient and an increase in the units of red blood cells transfused.
- a persistently negative, risk-adjusted effect on health-related quality of life after cardiac surgery that extends well beyond initial hospitalisation.

A blood transfusion is a living tissue transplant.

Most people do not realise that transfused blood is immunologically "foreign" and reacts to something foreign.

The safety implications of this are significant.

Remember to consider all the factors,

For details on these studies

guidelines on blood transfusions go to:

www.cec.health.nsw.gov.au and www.transfusion.com.au



1. Crit Care Med. 2005;34(12):2311-2317. 2. JAMA. 2006;295(12):1502-1510.

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NSW HEALTH



Blood Myth #2