Background and Goal of Study

Patient **optimization prior to surgery** is one of the keys of success in order to improve the postoperative outcomes. Pre-anesthetic evaluation can enhance preoperative physical status of surgical patients. Yet, **what are we actually doing in every-day practice?** Can we find any factor to improve safety and quality? The aim of this audit is to report the **anaemia prevalence** and to analyze the length of the preoperative **fasting period** in a population scheduled for surgery and to assess the follow up of the current guidelines in a university tertiary referral hospital (UTRH).

Material and methods

**Type of surgery**

- **Hemoglobin levels**
  - Fasting period
  - Time frame since the last blood test

**One week of clinical practice:**

<table>
<thead>
<tr>
<th>Type of surgery</th>
<th>254 surgical patients</th>
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**Results and Discussion**

**HEMOGLOBIN LEVELS**

- **Anaemia prevalence was 14.9%**
  - Major surgery: 62.7%
  - Women: 57%
  - **Orthopedic surgery: 25%** (higher than the mean prevalence)

**Major surgery**

- **Fasting period (n):**
  - 6-10 h in 31.8%
  - 10-14 h in 50.8%
  - >14 h in 17.5%
- **Fasting period (Diabetes):**
  - 6-10 h in 20%
  - 10-14 h in 64%
  - >14 h in 16%

**Minor surgery**

- Last blood test n %
  - < 1 month 115 45
  - 1 - 3 months 87 34
  - > 3 months 46 18
  - No data 6 2

**Total**

- 254 patients

**Diabetes**

- Major surgery n %
  - 6-10H 40 16
  - 10-14H 64 25
  - >14H 22 9

- Minor surgery n %
  - 6-10H 40 16
  - 10-14H 55 22
  - >14H 33 13

**Total**

- 254 patients

**Conclusion**

**Anaemia prevalence is high in our cohort,** especially in women and patients of orthopedic surgery. **Fasting recommendations are exceeded** in a large percentage of cases, even for diabetic patients. Major surgery, first step of patient blood management and accuracy or synchrony of surgical lists and fasting periods should be encouraged and implemented in our hospitals.

References: