Bleeding news

Management of severe peri-operative bleeding: Guidelines from the European Society of Anaesthesiology and Intensive Care Second update 2022.

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Sibylle provides an excellent peri-operative bleeding management guide, with a focus on pre-operative aspects, both modifiable bleeding risk factors–such as the anti-thrombosis treatment–and non-modifiable bleeding risk factors–such as comorbidities or the bleeding risk of the procedure to be performed,–in order to individualize management, with the primary goal of reducing bleeding, and thus morbidity and mortality among patients.

To that end, two strategies have been combined. On the one hand, a search in the literature from 2015 to 2021, including the review of almost 140,000 articles, following the GRADE methodology. On the other hand, the clinical guide is described by answering a number of PICCO questions, looking for consensus among authors following the Delphi methodology. In 97% of the 253 recommendations in the guide, a strong consensus was reached–meaning an agreement > 90%).

Given it is impossible to discuss all recommendations in these lines, I will focus on some items underlined by the authors themselves:

- It is important to estimate the volume of blood loss, since losses beyond 20% entail a higher risk of anemia, transfusion, coagulopathy, and tissue hypoperfusion, and they are all independent risk factors for mortality.
- The implementation of peri-operative PBM protocols and, therefore, a restrictive transfusion policy, are indicated in high-risk surgery.
- In cases of surgery with a high risk of bleeding, anemia should be diagnosed and corrected before the operation, thus leading to a higher tolerance to bleeding and less need for a transfusion.
- Likewise, an acquired or drug-induced coagulopathy should be identified and corrected before surgery.

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- With regard to intraoperative management, they highlight the importance of implementing measures–blood salvage systems, antifibrinolytic drugs, maintenance of normothermia and homeostasis–to help reduce the bleeding.
- As for management, once the bleeding has started, control through surgery is recommended, if possible, as well as correcting the coagulopathy and using antifibrinolytic and procoagulant drugs–preferably , factor concentrates.
- The right infrastructure is required for an appropriate monitoring, mainly a laboratory, with a particular focus on viscoelastic tests.
- Local standardization of protocols, as well as dissemination, education, and training aimed at the whole healthcare team.

In short, Sibylle stirs our interest again with the second edition of the ESAIC peri-operative bleeding guide. Its almost 80 pages are not to be missed, but thoroughly read.