

# TREATMENT OF THE PREOPERATORY ANEMIA WITH FERRIC CARBOXYMALTOSE

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## Purpose:

To verify the adaptation to a protocol of "PREPARATORY IRON-DEFICIENCY ANEMIA DIAGNOSTIC AND TREATMENT" in patients with programmed presenting moderate/severe hemorrhagic risk surgery (MSHRS), included in a rapid-route surgical program (RRSP). Description of results obtained from the program start-up.

## Material and methods:

Retrospective observational study (12/2015-03/2016)

Patients included in RRSP with P-Hb < 13 mg/dL going to MSHRS



Ferritin levels and reticulocyte content determination

If iron deficiency confirmed in Preanesthesia consultation:



- Ferric carboxymaltose (FC): 1 g
- Folic acid: 5 mg orally/day
- Cyanocobalamin: 1 mg subcutaneous/week

If ferritin levels not available, there were reviewed:

	Reference values
Serum iron level	50-170 mcg/dL
Iron fixation capacity	250-450 mcg/dL
Transferrin saturation	15-50%

## Results:

37 patients initially included in RSSP

Median age: 71 years old (male: 63,66%)

4 patients excluded [admitted (n=2); pending Preanesthesia consultation (n=2)]

### Diagnoses

- Colorrectal cancer (n=27)
- Gastric cancer (n=3)
- Pancreatic cancer (n=1)
- Esophageal cancer (n=1)
- Cholangiocarcinoma (n=1)

18 patients with P-Hb < 13 mg/mL

Median age: 73,4 years old (male: 55,5%)

### Diagnoses

14 patients received FC, folic acid and cyanocobalamin.

- Colorrectal cancer (n=13)
- Gastric cancer (n=1)

No patients had ferritin levels or CHR

	Median	Range
Serum iron levels (mcg/dl)	53,9	17-295
Iron fixation capacity (mcg/dL)	367,1	293-454
Transferrin saturation (%)	14,1	5-69

## Conclusion:

- In view of the results, the protocol is not being adequately met: inclusion of patients with different diagnoses of MSHRS were included, and no determination of ferritin levels and RHC. This study allows to detect deficiencies in our program to be able to establish improvement measures.
- The small number of patients included does not allow to draw conclusions about preoperative FC administration effectiveness reducing the number of transfusions in this population.