

Complex parenteral iron regimens : survey of good practices in 5 surgical departments



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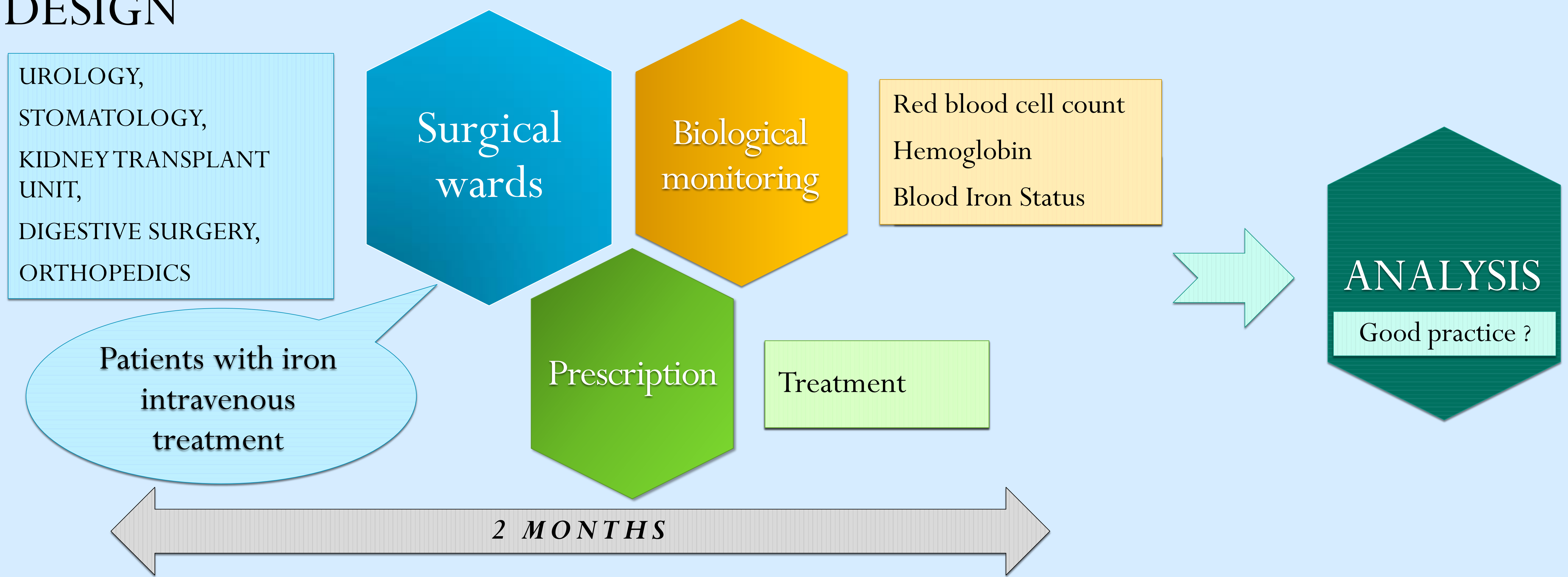
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BACKGROUND AND OBJECTIVES

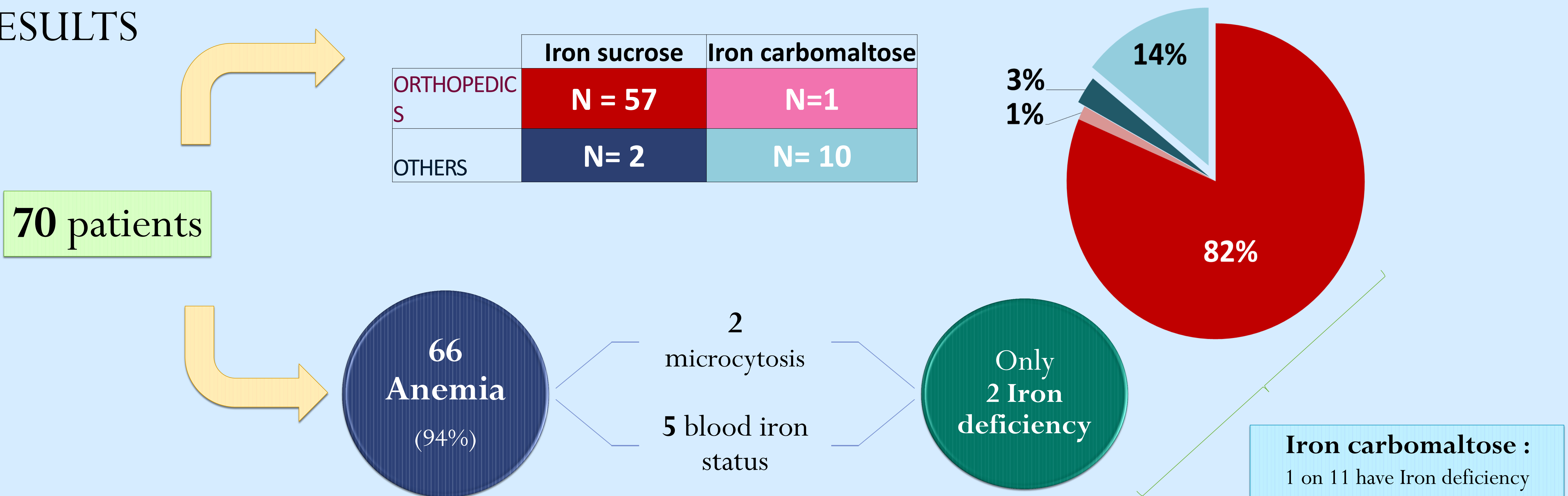
Because of anaphylactic risk, french national drug agency (ANSM) published guidelines of prescription and administration of parenteral iron complexes.

The aim of this work is to analyse iron intravenous treatment prescriptions (generics of Iron sucrose and ferric carboxymaltose (Ferinject®)) and there biological follow up in 5 surgical departments.

STUDY DESIGN



RESULTS



DISCUSSION

In orthopaedic surgery iron intravenous treatment has been proven to reduce the need for transfusion requirements (1)

Majority of prescriptions

Lack of iron deficiency is a contraindication

10/11 ferric carboxymaltose prescriptions contain no information about blood iron status

➤ Blood iron status assessment has to be reminded to prescribers especially when ferric carboxymaltose is prescribed.

Full market approval of iron sucrose contains post-surgical treatment when oral route is not possible

➤ Good practices on oral and parenteral iron regimen, will be discussed in a multidisciplinary approach (physicians, pharmacists, and biologists).

CONCLUSION

This work shows the necessity of diffusion of guidelines on iron prescriptions in our hospital. To make it complete, a pharmacoeconomic approach should be previously performed to compare costs between generics of iron sucrose and ferric carboxymaltose which seems to be better tolerated but is more expensive.

(1) Manuel Muñoz and al; blood transfus. Jan 2012; 10(1): 8–22.