RECOMMENDATIONS FOR THE INTRAOPERATIVE TEAM

- Perform meticulous surgical technique to minimise blood loss.\(^{45,50,57,59}\)
- Consider prophylactic antifibrinolytics to reduce blood loss prior to the removal of a tourniquet.\(^{60}\)
- Consider topical haemostatic agents to assist with localised bleeding.\(^{50,61}\)
- Consider the use of cell salvage where appropriate.\(^{50,61,62}\) Positive outcomes are reported in major surgery, including revision hip arthroplasty.\(^{52,63}\)
- Consider invasive haemodynamic monitoring in all high risk procedures.\(^{45}\)
- Maintain physiological measurements within optimal parameters for haemostasis, including normothermia, to maintain core temperature ≥36\(^\circ\)C and pH >7.2.\(^{45,59,61}\)
- Consider utilising a hypotensive anaesthesia approach for specific surgical procedures in order to reduce intraoperative blood loss. The benefits and risks need to be outlined beforehand.\(^{50,64}\)
- Make informed decisions about transfusion of blood products using information concerning the ongoing bleeding rate, intravascular volume status, signs of organ ischaemia, point of care testing and cardio-pulmonary reserve for compensation.\(^{52}\)
- Consider antifibrinolytic (ie tranexamic acid) if expected blood loss >500ml.\(^{40,50}\)
- Optimise cardiovascular and pulmonary tolerance of intraoperative anaemia.\(^{45}\)
- Consider perioperative haemodynamic goal directed therapy (GDT) in high-risk surgical patients.