

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 tourniquet⁶⁰
- Consider topical haemostatic agents to assist with localised bleeding^{59,61}
- 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 procedures⁴⁵
- Maintain physiological measurements within optimal parameters for haemostasis, including normothermia, to maintain core temperature $\geq 36^{\circ}\text{C}$ 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 compensation⁵²
- Consider antifibrinolytic (ie tranexamic acid) if expected blood loss $>500\text{ml}$ ^{40,50}
- Optimise cardiovascular and pulmonary tolerance of intraoperative anaemia⁴⁵
- Consider perioperative haemodynamic goal directed therapy (GDT) in high-risk surgical patients.