

RECOMMENDATIONS FOR STAFF DELIVERING POSTOPERATIVE WARD CARE

- Ensure regular review to assess degree of postoperative bleeding and prompt surgical review to consider need for early return to theatre
- Check Hb postoperatively based on local policies or patient symptoms. Be aware that Hb will be falsely elevated in hypovolaemic patients
- Use haemoglobin and coagulation status point of care tests where indicated
- Staff should be aware that postoperative anaemia is common (affecting up to 90% of patients) following major surgery. The main causes include:
 - Preoperative anaemia
 - Perioperative blood loss
 - Blood sampling
- Mobilise early and not according to Hb levels
- Discharge from hospital should not be solely determined by Hb level
- Do not prescribe oral iron in the immediate postoperative period (postoperative inflammatory response releases hepcidin reducing gut absorption of iron)²⁶
- Note that current evidence for use of postoperative intravenous iron following lower limb arthroplasty, gastrectomy and postpartum haemorrhage is weak^{4,26}
- Note that intravenous iron should be avoided or used with caution in active infection due to concerns it could worsen infection.⁷¹