

To Transfuse or Not to Transfuse?

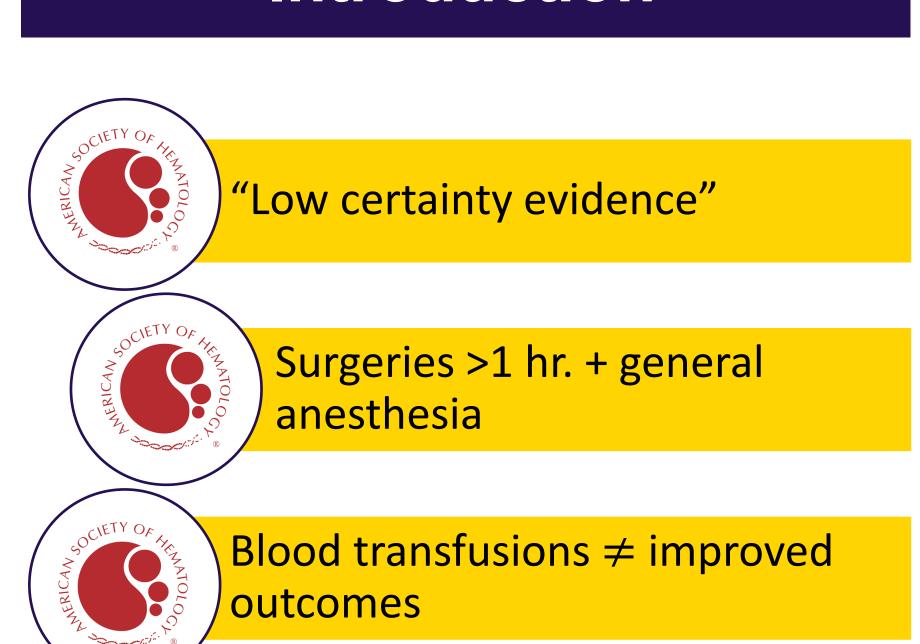
Preoperative Transfusion Practices for Pediatric Sickle Cell Patients
Undergoing Central Venous Access Procedures



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Introduction



Objectives

B.

Anesthesia

time (mins):

Initial Hgb ≥9

mg/dL:

15

Post-op

complications:

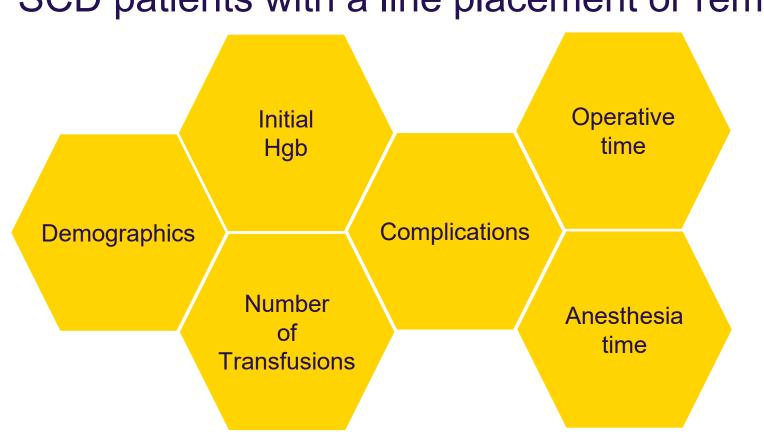
Length of stay

(days):

- The **aim** of the study is to investigate institutional practices & evaluate post-operative outcomes of Sickle Cell Disease (SCD) patients undergoing central venous access procedures, with the hope of delineating practice patterns in this population.
- Our hypothesis is that blood transfusions for patients with SCD do not significantly improve patient outcomes

Methods

- Retrospective chart review from 2018-2022
- SCD patients with a line placement or removal



 Statistical analysis was performed using Fisher exact and Wilcoxon rank sum tests

Results 30 34 Median age **Patients** Procedures (years) 50% 93% **76%** Prior sickle African Hgb <9mg/dL American cell crisis

Patients

N = 30

Transfusion:

Initial Hgb <9

mg/dL:

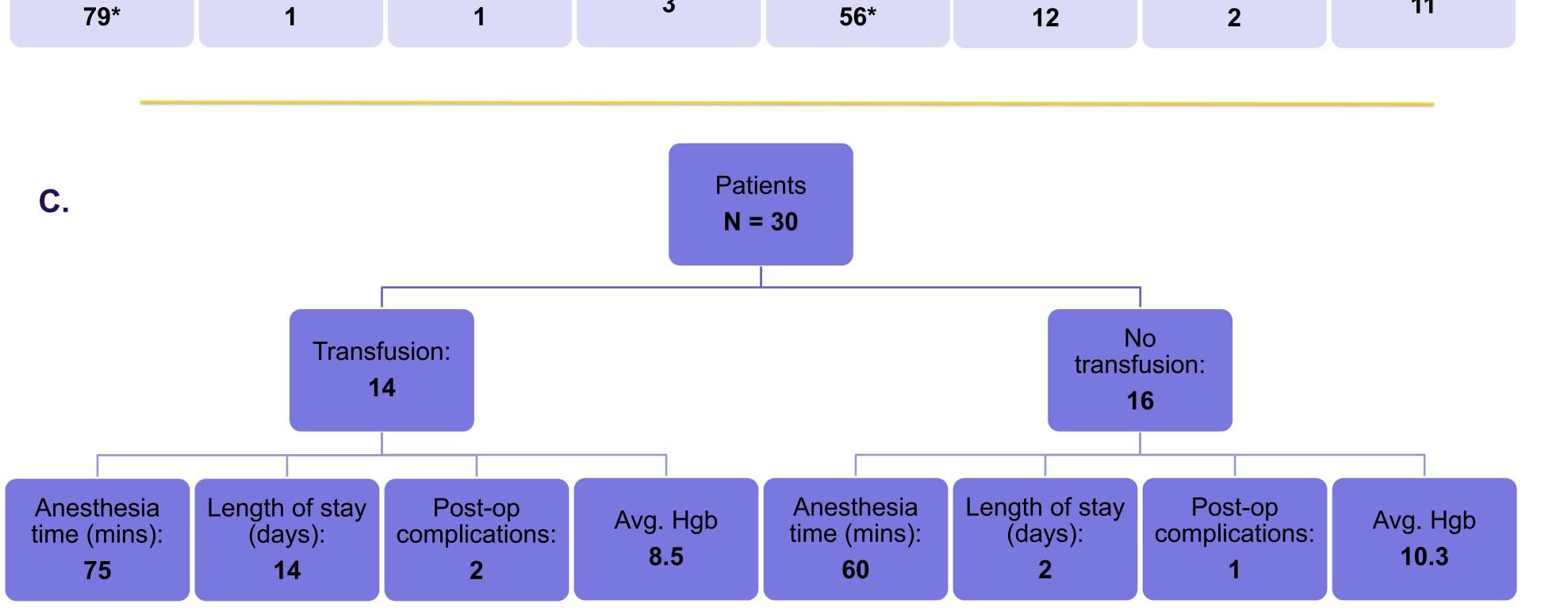
Post-op

complications:

Transfusion:

Length of stay

(days):



Anesthesia

time (mins):

A. Patient demographics including initial hemoglobin, previous sickle cell crises, age, race, etc. **B.** Initial hemoglobin (mg/dL) status and association with peri-operative variables. Anesthesia times were significant between initial hemoglobin *p = 0.03 **C.** Transfusion status and association with peri-operative variables.

Recommendations

Lack of
Standard
Guidelines

Inconsistent Management Multidisciplinary
Prospective
Studies

- The lack of standardized guidelines has led to a discrepancy in pre-operative care of SCD patients
- However broader studies will be needed to make formalized conclusions on care

Conclusions

- We encountered variability in the pre-operative transfusion threshold of patients undergoing venous access procedures
- Outcomes remained similar with no significant differences based on pre-operative hemoglobin or transfusion rates
- Future studies focused on quality, safety, and resource allocation are needed for development of practice recommendations
- The eventual development of an evidence-based, standardized protocol is necessary to minimize complications and provide consistent, optimal care

Disclosures

LSU Health Sciences Center and Children's Hospital of New Orleans have approved this study through their institutional review board. We have no disclosures.