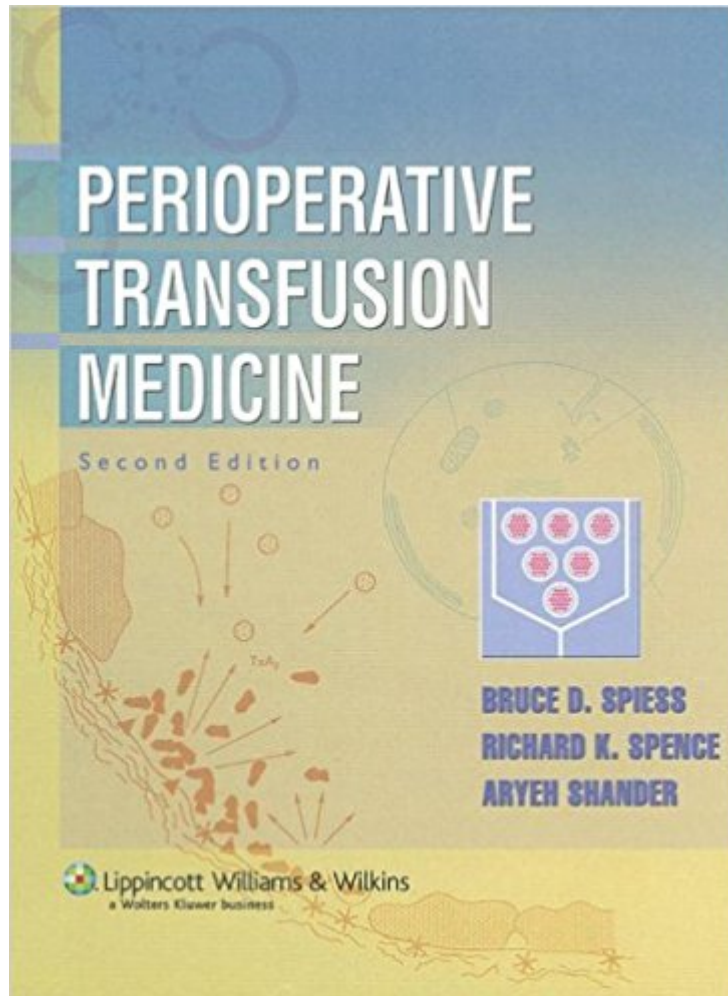




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# Perioperative Transfusion Medicine



## Synopsis

Thoroughly updated for its Second Edition, this volume is the most comprehensive, current reference on perioperative transfusion medicine and coagulation. It provides complete information on all current blood products and transfusion risks, transfusion and coagulation issues during the preoperative, intraoperative, and postoperative periods, and specific concerns in each surgical subspecialty. Eighteen new chapters in this edition cover blood shortages, economic concerns, emergency needs, virus transmission, parasitic and septic risks, immunosuppression risks, non-infectious risks, production and storage issues, hemoglobin-based oxygen-carrying solutions, perfluorocarbon-based oxygen-carrying solutions, preoperative plateletpheresis, volume resuscitation, antifibrinolytics, aprotinin, DDAVP, platelet inhibitors, burn patients, and post-surgical stress response.

## Book Information

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## Customer Reviews

During the first three decades after World War II, a nationwide system of blood banks was established to meet an ever-growing demand for blood transfusions, and blood bankers were discovering numerous red-cell antigens and developing methods to ensure the selection of compatible blood. Spurred mostly by the emergence of the acquired immunodeficiency syndrome as a public health threat, the past two decades have brought about great improvements in lowering the risk of transfusion-transmitted disease, more judicious practice in transfusing allogeneic blood, and growth in the use of autologous blood during surgical operations. With the transition from two

infectious-disease tests for blood donors in the early 1970s to nine tests today, the risk of infection with hepatitis and the human immunodeficiency virus (HIV) from transfusion has never been lower. This book nicely conveys this important background to the reader in its first chapters. Currently, the risk of acquiring HIV infection from a blood transfusion in the United States is close to one in a million. Millions of dollars are being spent to lessen this risk even further through the addition of genomic-amplification testing for viruses in donated blood, even though fatal outcomes from transfusions due to other causes occur more frequently. During an era of increased public and professional scrutiny, blood banking has emerged not only as a heavily regulated endeavor that reliably provides safe blood components but also as an academic discipline with a growing number of textbooks devoted to transfusion medicine. *Perioperative Transfusion Medicine* is a welcome addition. Nearly 14 million units of red cells are transfused to about 4 million patients each year in the United States. Sixty percent of these transfusions take place during or shortly after surgery, and about 20 percent are for cardiovascular surgery alone. The amount of blood components transfused during cardiac and orthopedic surgery varies greatly among hospitals and surgeons, raising questions about whether blood is being used appropriately. This book examines in detail the physiologic changes that occur during surgery and blood loss as well as the complex transfusion problems and solutions that arise during most major surgical procedures. This book provides a firm foundation and specific guidelines for the appropriate use of blood during surgery. The book contains 37 chapters by 60 authors and has many strengths. It was written specifically to aid surgeons and anesthesiologists in their decisions about whether to transfuse and is a comprehensive attempt to educate physicians working in multiple surgical specialties. It will be especially valuable for those in training. Blood-bank physicians will benefit from this book, because it provides a convenient source of useful information about a wide range of topics on surgical-transfusion practices. The editors' intent was to have each chapter applicable to transfusion decisions written by internationally recognized surgeons and anesthesiologists. Consequently, most chapters inform the reader from deep levels of experience and sophistication. There are a few exceptions, such as chapter 32, on obstetrics, written by pathologists, and one of the more comprehensive chapters in the book, chapter 27, about fibrin glue, written by a medical fellow-in-training. Overall, half the authors are anesthesiologists or surgeons from academic medical centers, and the book succeeds admirably. One third of the book is devoted to blood-banking issues, including the physiologic basis for transfusing red cells and platelets, the availability of red-cell substitutes, the use of erythropoietin, patients who refuse transfusion, and the legal duties to patients. The remaining chapters address important transfusion-related clinical topics, including

cardiac, vascular, organ-transplant, orthopedic, obstetrical, gynecologic, and neurologic surgery, as well as burn, trauma, and pediatric patients. The chapters covering preoperative and intraoperative autologous-blood collection are very thorough, but I would have liked to read more about the controversies surrounding postoperative drainage and reinfusion. Chapter 28, by Body and Morse, is about coagulation, transfusion, and cardiac surgery and has 579 references. It is my favorite, and a few chapters like this one make the purchase price of the book quickly worth it. Unfortunately, Dr. Morse's biographical information was omitted from the list of contributors. Three of the other four chapters that are 20 pages or more in length also address coagulation issues: chapter 16, about perioperative coagulation monitoring; chapter 27, about fibrin glue; and chapter 30, about coagulation changes during organ transplantation. The other long chapter, chapter 22, is an informative, well-written one about intraoperative blood salvage. Together, these five chapters make up one fifth of the book and are responsible for one third of the reference citations. Chapter 7, on transfusion-transmitted infectious disease, will be very informative to surgeons and anesthesiologists. Blood bankers who like to know the most current transfusion-risk data will recognize that all but 1 of the 118 references are seven or more years old. Quoting more recent references, chapter 2 correctly points out that the period during which an HIV-infected person is seronegative and the rate of transfusion-transmitted HIV have been reduced by more than 50 percent with more sensitive blood-donor testing. Over the past several years, many hospitals have institutionalized their preoccupation with cost containment and quality improvement. In some hospitals the traditional transfusion committee has been abandoned and transfusion activity levels and appropriateness review are reported to a hospital-quality committee. Thankfully, this book informs the reader of the important role of the transfusion committee in monitoring the availability, safety, and appropriateness of blood transfusion. This book will serve as an excellent resource for gaining an understanding of the complex issues involved in deciding what to transfuse and when in the perioperative setting and will be of help in the evaluation of whether transfusions are appropriate. It will also provide a basis for revising or developing surgical-transfusion guidelines, blood-ordering schedules, and transfusion-audit criteria. Despite the minor flaws and inconsistencies inherent in first editions of large multiauthored books, I recommend this book highly for surgeons, anesthesiologists, blood-bank physicians, and others interested in the clinical practice of transfusion medicine. Reviewed by Ted Eastlund, M.D. Copyright © 1998 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of print or unavailable edition of this title.

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