








From the latest literature:

- Anaemia is a contraindication for elective surgery.
- Anaemia is a multiplier of disease that can increase your patient's risk factors from other co-morbidities three - five fold.
- Even mild anaemia can predispose your surgical patient to transfusion.
- Iron deficiency with or without anaemia is also a risk factor that can predispose your surgical patient to post-operative anaemia and transfusion.
- Paradoxically, both anaemia and transfusion are independently associated with organ injury and increased morbidity.
- Anaemia and iron deficiency are modifiable risk factors.
- Iron requirements are relative to the patient condition and proposed surgery.
- Surgical patients with suboptimal iron stores (as defined by a Ferritin level < 100 mcg/L) in whom substantial blood loss is anticipated, should be treated with preoperative iron therapy.
- In patients undergoing surgery, preoperative anaemia should be identified, evaluated and managed as early as possible to coordinate scheduling of surgery with optimisation of haemoglobin and iron stores.
- Minimising RBC transfusion reduces morbidity, mortality, ICU length of stay and hospital length of stay.

For more information, visit the Department of Health Patient Blood Management site: <http://www.health.wa.gov.au/bloodmanagement>

And the National Blood Authority Clinical Guideline Development: <http://www.nba.gov.au/guidelines/review.html>

Oral Preparations for Treatment of Iron Deficiency Anaemia (IDA) in Australia*

NAME (Manufacturer)	TABLET (Actual size)	FORMULATION	ELEMENTAL IRON CONTENT
FERRO-GRADUMET (Abbott)		325 mg Ferrous Sulphate Controlled release tablet	105 mg
FERRO-GRAD C (Abbott)		325 mg Ferrous Sulphate & 500 mg Ascorbic Acid Controlled release tablet	105 mg
Ferro-f-tab (AFT pharmaceuticals) PBS listed [†]		310 mg Ferrous Fumarate & 350 mcg Folic Acid Non-controlled release tablet	100 mg
FEFOL Iron & Folate Supplement (Pharm-a-care)		270 mg Ferrous Sulphate & 300 mcg Folic Acid Controlled release capsule	87.4 mg
FGF (Abbott)		250 mg Ferrous Sulphate & 300 mcg Folic Acid Controlled release tablet	80 mg
Ferro-tab (AFT pharmaceuticals) PBS listed [†]		200mg Ferrous Fumarate Non-controlled release tablet	65.7 mg
FERRO-LIQUID (AFT pharmaceuticals) PBS listed [†]		Ferrous Sulphate Oral liquid	30 mg/5 ml

Many oral iron preparations contain too little iron to be effective. Multivitamin-mineral supplements should not be used to treat IDA as iron content is low & absorption may be reduced. **Usual ADULT dose for IDA is around 100–200 mg elemental iron daily in divided doses[#]** (1–2 tablets per day of these preparations, ideally 1 hr before or 2 hrs after food). GI upset may be reduced by taking tablet with food or at night & increasing dose gradually. When a rapid increase in Hb is not required, intermittent dosing or lower doses of iron may also reduce GI upset. For example, 1 tablet 2–3 times a week or try Ferro-tabs or titrate liquid, 30–60 mg of elemental iron, increasing to twice daily or three times a day if tolerated. Around 3-6 months of oral iron is needed once Hb has normalised to replenish stores.

PTO

