

Patient blood management in major digestive surgery in Italy: the time has come....

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In this issue of the Journal of the Italian Surgical Association, Catarci et al¹ present recommendations derived from a consensus conference on patient blood management (PBM) in major digestive surgery, developed from an Italian multi-society (Associazione Chirurghi Ospedalieri Italiani, ACOI; Società Italiana di Anestesia, Analgesia, Rianimazione e Terapia Intensiva, SIAARTI; Società Italiana di Emaferesi e Manipolazione Cellulare, SidEM; Società Italiana di Medicina Trasfusionale e Immunoematologia, SIMTI) initiative.¹ In recent years, multiple strategies for PBM have been developed to improve appropriate blood use.^{2,3} Overall, while the 20th century was primarily focused on developing and establishing standards for blood collection, testing, and storage, the 21st century is characterized by much effort involved in trying to identify recipient outcomes, targeting who, what, and when transfuse, following an evidence-based approach.⁴ According to the published studies, PBM appears to be a precious tool to reduce mortality, morbidity, infection rate, length of stay, transfusion, and overall costs after major surgery.^{5,6} Citing M. Van Den Rohe, the key message is “less is more,” taking into account costs, potential harms, and limited supply still characterizing blood transfusions.⁴ Despite the efforts and the favorable results, the process of PBM implementation is still ongoing. The World Health Organization recently issued a 2021 policy highlighting the urgent need to globally implement PBM, recognized as a patient-centered rather than transfusion-centered approach.^{4,7} Multidisciplinary PBM programs should be tasked with designing educational and clinical practice initiatives to drive the shift from the transfusion product to the patient. Adherence and compliance with PBM programs represent a critical point element. Professional societies and experts should guide PBM, defining comprehensive programs to be adapted to various surgical scenarios. Catarci et al¹ here propose an elegant stepwise project conducted by the steering committees of four major Italian scientific societies, representing general surgeons, anesthesiologists, and transfusion medicine specialists, providing results and recommendations obtained by a joint modified Delphi consensus conference on PBM in the field of major

digestive surgery. The project was developed on a four-step modified Delphi method. In the first step, a questionnaire on PBM in major digestive surgery was defined based on the existing national recommendations for surgery, orthopedic surgery, and a previous survey by the Italian National Blood Centre. The questionnaire was then submitted to members of the participating scientific societies. Items receiving >70% agreement were excluded from further analysis. During the third step, specific multidisciplinary study groups were designated for each of the remaining 10 items, formulated as Patients-Interventions-Comparators-Outcomes questions, to perform a systematic literature review on each item. Articles selected to support the recommendations were assessed for grading according to the Grading of Recommendations Assessment, Development, and Evaluation system.⁸ During the fourth step, the results were presented and approved in a consensus conference during the ACOI national congress held in Rome in September 2023. The valuable evidence-based approach, leading to the approval of 21 grade “A” recommendations built on a highly rigorous method, provides a guide to professionals involved in the overall major digestive surgery management. Its value appears even more critical, considering the need for concrete tools to guide the necessary shift from anemia, hemoglobin, and red blood cell administration PBM approaches to a whole patient clinical-centered PBM focus for main surgical scenarios. Besides, transfusion medicine specialists, surgeons, and anesthesiologists should routinely collaborate in developing and adopting strategies that support and enhance best practices based on blood transfusion appropriate in all surgical contexts.

Hence, recommendations developed by the Italian multi-society conference represent an important facilitator to blood health optimization, potentially improving clinical outcomes and healthcare costs. While this important contribution to major digestive surgery is welcome and acknowledged, more initiatives approaching other surgical scenarios are needed and recommended.

Conflicts of interest statement

The authors declare that they have no conflicts of interest with regard to the content of this report.

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