BLOODLESS SURGERY OF A RECURRENT LEFT ARM TUMOUR IN A 63-YEAR-OLD FEMALE JEHOVAH'S WITNESS – A CASE REPORT

Chimaobi Isiguzo, I Ibe -Ojiludu, C Onyekpere

Federal University Teaching Hospital, Owerri, Imo State, Nigeria

Introduction: For patients that blood is not an option, offering care may seem challenging. However, evidence has proven that such challenges can be overcome with implementation of basic principles of PBM. The WHO policy brief on PBM is a good component of the armamentarium in pursuit of bloodless medicine and surgery.

Case Summary: A 63-year-old female Jehovah's Witness patient was referred to us for bloodless care. The patient had a recurrent 24x16cm malignant peripheral nerve sheath tumour of the left arm of 2 years duration. On initial visit the patient had Hb of 8g/dL. Stimulated Erythropoiesis (SE) was used to optimize the Hb. The Hb was optimized to 11.8g/dL in 20 days as an outpatient. Tourniquet, meticulous haemostasis, and Tranexamic acid were employed intraoperatively, with assigning of roles. Surgery was carried out successfully and post op Hb remained 11.8g/dL. Estimated blood loss was less than 200ml. Patient was discharged on the 7th day post op. No complications were noticed.

Conclusion: Pillar 1 and 2 of the WHO PBM policy are very useful tools. The first two pillars can apply to most surgical scenarios. Identification of anaemia risk and correction was useful in optimization before her surgery. SE is still a very useful adjunct in all elective cases. Surgical procedures should be reviewed and adapted to the needs of the patient.

Corresponding author: Chimaobi Isiguzo, (MD), Surgery Department, Federal University Teaching Hospital, Owerri, Imo State, Nigeria

Abstract track: Outcomes of Bloodless Care