

INTRA-OPERATIVE BLOOD UTILIZATION AND WASTAGE IN A LOW RESOURCE TERTIARY HOSPITAL IN NORTHERN NIGERIA

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INTRODUCTION

It is a common practice to group and cross-match blood for surgical patients scheduled for elective or emergency surgery. This is particularly so when the operation is expected to be long or associated with high blood loss.¹ However, not all blood requested and collected from the blood bank is transfused to the patient. This causes wastage of the scarce and expensive blood.²

AIM

This audit was conducted to assess the extent of blood utilization and wastage in our low resource healthcare centre so that we will improve on the services rendered to our patients.

METHOD

Over a 30 day period (24 October-22 November, 2019) relevant information were obtained from all consenting surgical patients undergoing elective and emergency surgical procedures in a low resource tertiary hospital in Zaria. Data on age, sex, nature of surgery, preoperative packed cell volume (PCV), units of blood transfused and time taken to return unused blood to the blood bank were collected and analyzed.

REFERENCES

1. Klein HG, Spahn DR, Carson JL. Red blood cell transfusion in clinical practice. *Lancet*. 2007;370 (9585):415-426.
2. Zewdie K, Genetu A, Mekonnen Y, Worku T, Sahlu A, Gulilalt D. Efficiency of blood utilization in elective surgical patients. *BMC Health Serv Res*. 2019;19: 804-811.

RESULTS

147 Patients had surgery

54.4% were females

45.6% of surgeries were emergencies

74.8% of patients were not transfused

87.1% of unused blood was not returned to the blood bank.

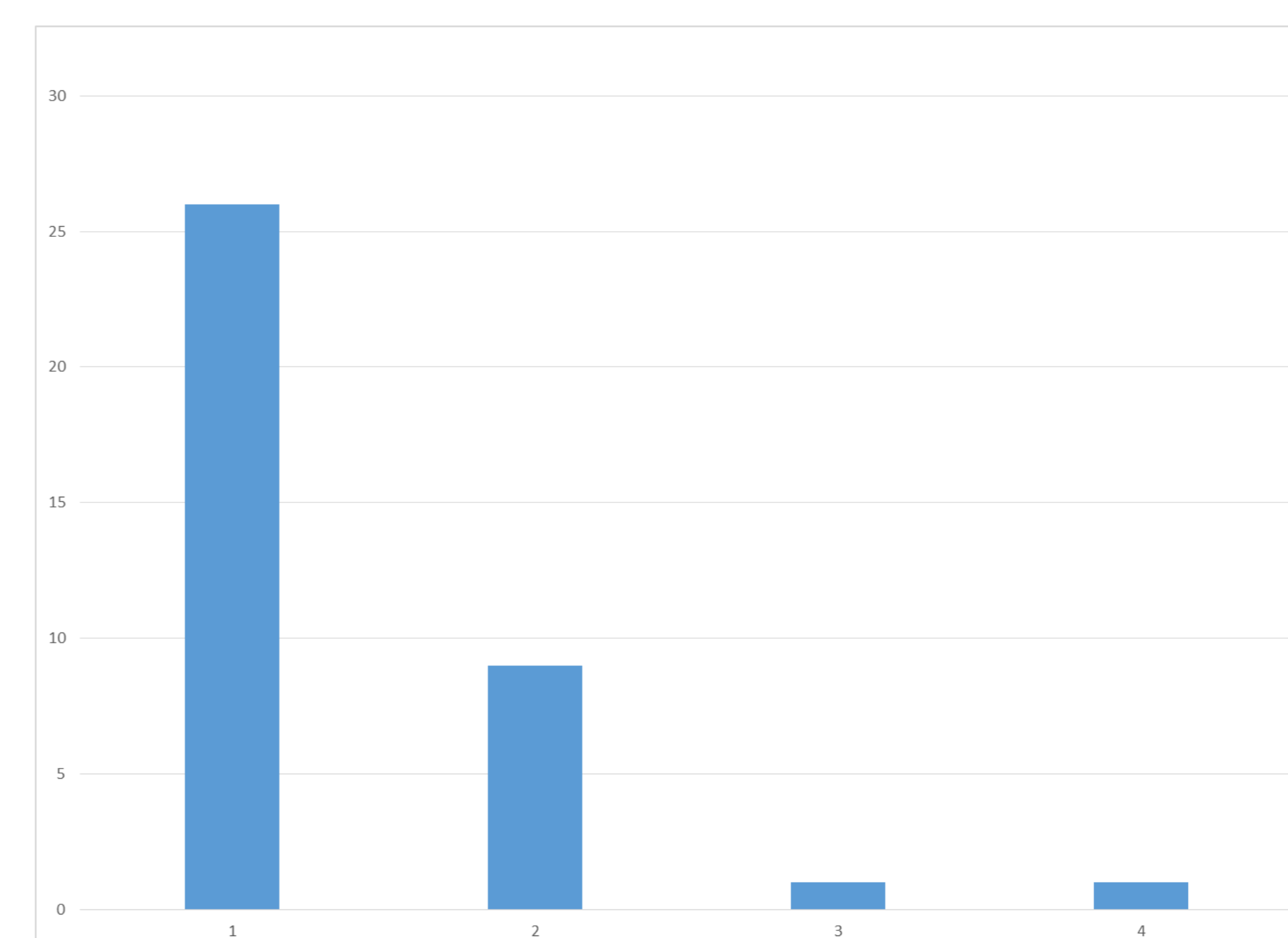


Figure 1: Units of Blood Transfused.

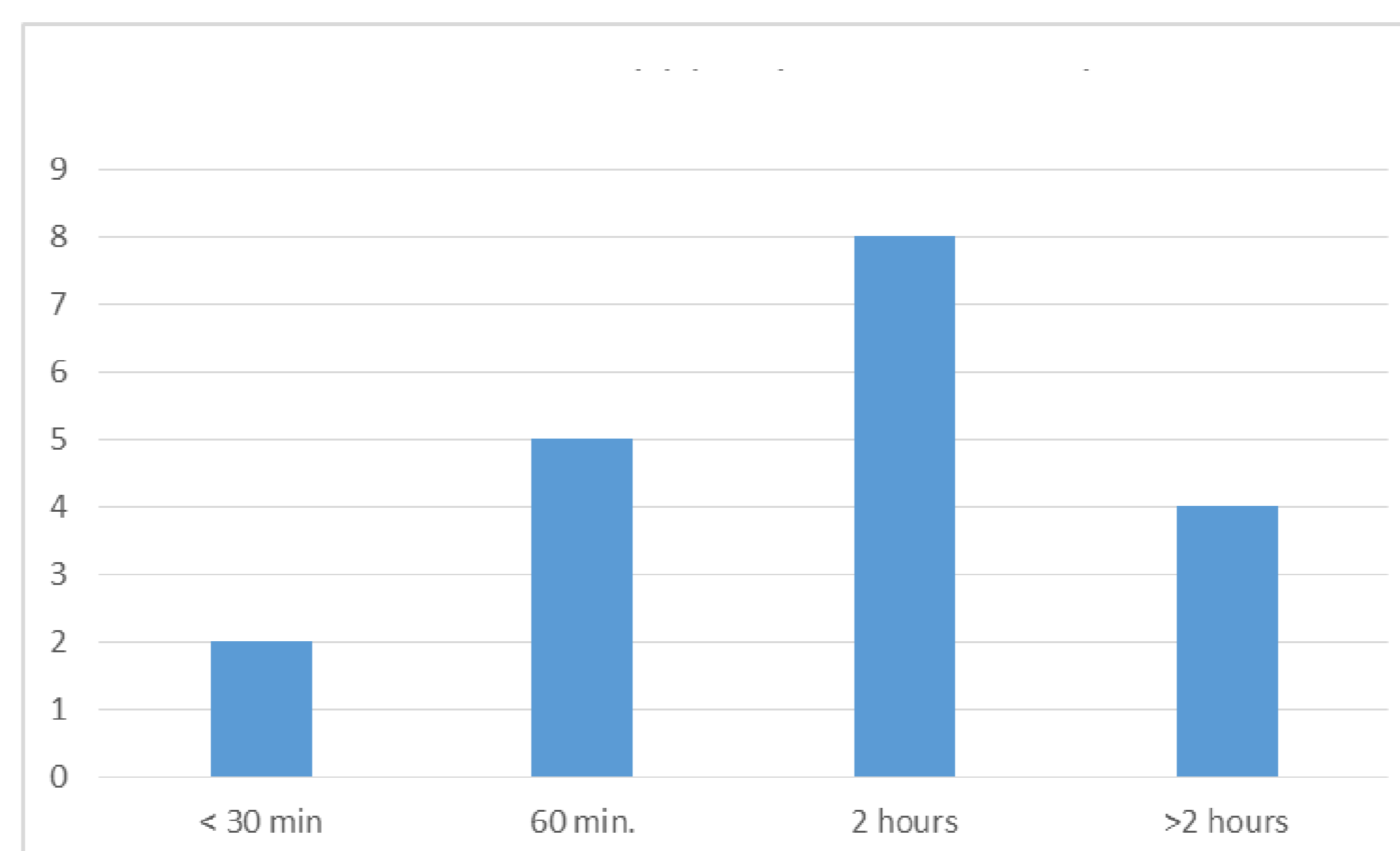


Figure 2: Time unused blood was returned to the blood bank

CONCLUSIONS

Most of the patients that had surgery during the period under review were not transfused. In a large number of cases unused blood was not returned to the blood bank and in the few situations where blood was returned it was done after 30 minutes.

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