

Anaemia in Endometrial Cancer

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Background: Research shows that untreated anaemia of any severity has significant impacts on morbidity and mortality in surgical patients. It was suspected that pre- and post-operative anaemia was managed sub optimally and not according to the Trust guideline in gynaecological oncology patients in the Belfast Trust. Consequently we audited adherence to the current existing Trust guideline for investigation and management of anaemia, with the aim of reducing post-operative anaemia, and consequently improving post-operative outcomes for these patients.

Methods: 20 cases of endometrial cancer were identified from March 2014 onwards. A proforma was designed regarding pre - and post - operative haemoglobin levels for each patient, B12 and folate results, and if anaemic patients had been treated as per hospital policy, i.e. with oral or IV iron, or with blood transfusion.

Results: We established a need to address poor compliance with Trust guidelines regarding pre- and post-operative anaemia in endometrial cancer. 9 patients were identified to have anaemia (4 pre operatively, 5 post operatively); 1 of these patients had further investigations to ascertain the cause of the anaemia, and 1 had a blood transfusion (the same individual). 2 patients (who did not have anaemia) had been treated with oral iron pre operatively; this had been commenced by their general practitioner. There were no cases of treatment with IV iron despite its recommendation in Trust guidelines for those undergoing surgery within 3 weeks.

Conclusion: This audit highlighted the need for adherence to the existing Trust guideline on recognition, investigation and management of pre-operative anaemia in all gynaecological oncology patients. We raised awareness at the Departmental audit meeting and are developing a referral pathway to implement these guidelines within gynaecology patients via the Programmed Treatment Unit for IV iron in the Royal Victoria Hospital.