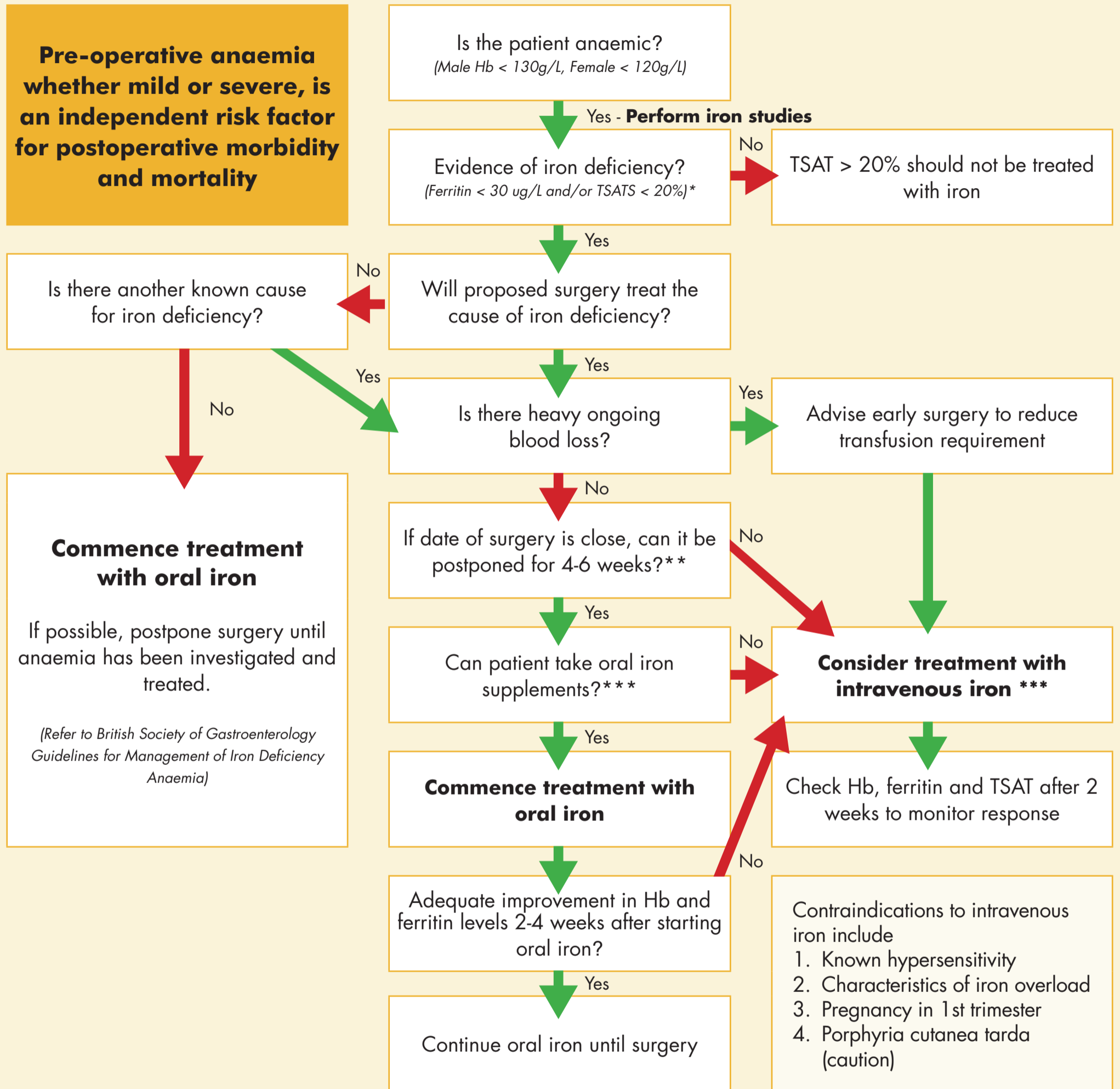


# Guidance on the Management of Iron Deficiency Anaemia prior to Surgery

Northern Ireland Transfusion Committee



**Pre-operative anaemia whether mild or severe, is an independent risk factor for postoperative morbidity and mortality**

Is there another known cause for iron deficiency?

**Commence treatment with oral iron**

If possible, postpone surgery until anaemia has been investigated and treated.

*(Refer to British Society of Gastroenterology Guidelines for Management of Iron Deficiency Anaemia)*

Is the patient anaemic?  
(Male Hb < 130g/L, Female < 120g/L)

Evidence of iron deficiency?  
(Ferritin < 30 ug/L and/or TSATS < 20%)\*

Will proposed surgery treat the cause of iron deficiency?

Is there heavy ongoing blood loss?

If date of surgery is close, can it be postponed for 4-6 weeks? \*\*

Can patient take oral iron supplements? \*\*\*

**Commence treatment with oral iron**

Adequate improvement in Hb and ferritin levels 2-4 weeks after starting oral iron?

Continue oral iron until surgery

TSAT > 20% should not be treated with iron

Advise early surgery to reduce transfusion requirement

**Consider treatment with intravenous iron \*\*\***

Check Hb, ferritin and TSAT after 2 weeks to monitor response

Contraindications to intravenous iron include

1. Known hypersensitivity
2. Characteristics of iron overload
3. Pregnancy in 1st trimester
4. Porphyria cutanea tarda (caution)

\* Ferritin may be elevated in acute inflammation (e.g. 30-100 ug/L) and can mask iron deficiency

In these cases a TSAT < 20% and a low serum iron identifies iron deficiency

\*\* As per Chief Medical Officer Guidance HSS-MD-22-2012 **"Management of the Anaemic Adult Patient Prior to Scheduled Major Surgery"**

\*\*\* Intravenous iron is indicated for patients with malabsorption, inflammatory bowel disease, non-compliance with oral iron and intolerance of its side effects

**N.B. intravenous iron is a Red-listed drug** [www.ipnsm.hscni.net](http://www.ipnsm.hscni.net)