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'If I Have to be Transfused I Only Want My Own Blood, or Blood from Family Members'—What Is Best-Practice Advice to Be Given in the Preoperative Clinic?

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Case Description: A 62-year-old female with painful scoliosis presents to the preoperative clinic for anesthetic consultation prior to surgical repair of her spine. The planned operation, a two-stage multilevel surgery, is anticipated to involve significant blood loss requiring transfusion therapy. The patient states her wish to avoid anonymously donated blood. She wants to auto-donate, and her physician husband is encouraging the family to be directed donors. “What do you think, doc?”

Modern blood transfusion in the United States has never been safer. However, many patients express concerns over receiving transfusions “from strangers,” and alternatives to anonymous-donor blood transfusion exist. There is also recent literature which brings persuasive evidence as to the dangers of “old” blood. It is the responsibility of the physician to offer best-practice advice to patients who may require perioperative transfusion.

The different options are:

- Autologous donation
- Acute normovolemic hemodilution
- Intraoperative blood salvage
- Directed donation
- Conventional anonymous-donor blood.

Conclusion: This is an often forgotten challenge—what to advise patients on optimal preoperative preparation for blood loss and which blood is best for transfusion. Using our case we discuss current thinking on transfusion options, the economics of directed donation, and what we should be informing our patients in 2010.

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