

NORTH GLASGOW MAXIMUM BLOOD ORDERING SCHEDULE (MSBOS)

SEPTEMBER 2016

GENERAL & COLO-RECTAL SURGERY (2014)	Crossmatching Schedule
Oesophagectomy or oesophagogastrectomy	2
Anti-reflux surgery/gastrojejunostomy	G+S
Heller's myotomy	G+S
Total gastrectomy	2
Subtotal/distal/partial gastrectomy	G+S
Cholecystectomy	G+S
Splenectomy	G+S (Elective)
Hepatico-jejunostomy	G+S
Pancreatic necrosectomy	4
Frey's procedure	G+S
Distal pancreatectomy	1
Total pancreatectomy/Whipple's procedure	3
Hepatectomy	1 (4 units if synchronous bowel resection)
Small bowel resection	G+S
Formation of ileostomy/colostomy (no laparotomy)	G+S
Closure of loop ileostomy/colostomy (no laparotomy)	G+S
Refashioning of stoma	G+S
Barium enema	None
Colonoscopy	None
R hemicolectomy, L hemicolectomy, sigmoid colectomy*	G+S (2 units if anaemic or large cancer)
Total colectomy*	G+S
Hartmann's procedure*	G+S (Nearly always emergency)
Reversal of Hartmann's procedure*	G+S
Rectopexy*	G+S
Anterior resection*	G+S
Panproctocolectomy*	G+S
Proctectomy*	G+S
Abdominoperineal excision of rectum*	G+S
Ileoanal pouch(no previous colectomy) *	G+S (Unless acute IBD)
Ileoanal pouch(previous colectomy)*	G+S
TEM for rectal polyp	G+S
Other anal surgery (fistula/polyp/piles/EUA/delorme's)	G+S
Karydakis flap	None

Please note

- 1. The operating surgeon will indicate for the procedures with a * whether cross matching of a specified number of units is required.**
- 2. The above requirements may be modified if procedure is expected to be difficult/more extensive than usual and if patient is anaemic.**

PLASTIC SURGERY (2015)	Crossmatching Schedule
BREAST SURGERY	
Pedicled tissue transfer	G&S
Free tissue transfer (DIEP) delayed	G&S
Free tissue transfer (DIEP) immediate	G&S
Implants	Nil
Reduction/mastopexy	Nil
HEAD AND NECK	
Major H&N procedures including laryngotomy	2 units
Other major H&N procedures	G&S
Major plastics reconstructions	Ask surgeon
BURNS	
If >50% TBSA then guided by Hb	2 units
OTHER PROCEDURES	
Finger replantation	Nil
Arm replant	2 units
Minor procedures including cosmetic	Nil

ORTHOPAEDIC (2016)	Crossmatching Schedule
Revision hip	2
Fixation pelvic/acetabular fracture (more if requested)	3
Total hip (if clinical indication*)	G&S (2*)
Osteotomy/bone biopsy (except upper femur*)	G&S (2*)
Bone Graft from iliac crest – 1 side (Bilateral*)	G&S (2*)
N.B. All other cases are for G&S EXCEPT for tumour surgery where last clinic note/pre-op assessment note should be consulted. Where doubt arises operating surgeon should be contacted prior to surgery.	

GG&C OBSTETRICS (2015)	Crossmatching Schedule
ALL WOMEN IN LABOUR SHOULD HAVE ROUTINE GROUP AND SAVE	G&S
Asymptomatic Placenta Praevia on ward	G&S
Examination under anaesthetic	G&S
Multiple pregnancy in labour	G&S
Retained placenta without PPH	G&S
Elective LUSCS	G&S
Emergency LUSCS with PPH	G&S
Haemophilia carrier – normal FVIII/FIX	G&S
Von Willebrand Disease – normal FVIII/vWF	G&S
Therapeutic heparin in labour	G&S
Platelet count 50-80 x 10 ⁹ /L	G&S
Platelet count < 50 x 10 ⁹ /L in labour	Discuss with Consultant Obstetrician and Haematologist. Ensure L/W Anaesthetic team are also aware.
Prolonged rupture of membranes in labour	G&S

Pre-eclampsia without haemolysis or haemorrhage	G&S
Preterm delivery	G&S
Induction of labour	G&S
APH with ongoing bleeding	2 units
Major APH (e.g. as heavy as period, IV fluids required) +/- additional risk factor, unstable	4 units
Emergency ERPOC	2 units if most Senior Obstetrician or Anaesthetist requests this.
LUSCS for placenta praevia	2 units
LUSCS for anterior placenta praevia +/- suspected accreta	4 units
PPH >500ml with ongoing significant bleeding Activate major haemorrhage protocol at 1500ml	2 units
Haemophilia carrier – low FVIII/vWF	2 units
Von Willibrand's Disease – reduced FVIII/vWF	2 units
PPH 500 – 1500 ml without ongoing bleeding	G&S and check Hb postpartum. If clinically stable, refer to the Postpartum Blood Transfusion in Stable Patients Guideline.
Antibodies likely to cause crossmatching problems	Check with the blood bank
LUSCS where Hb <80g/L	G&S and check Hb postpartum. If clinically stable, refer to the Postpartum Blood Transfusion in Stable Patients Guideline.

GYNAECOLOGY (2012) *	Crossmatching Schedule
ONCOLOGY	
Pelvic Exenteration	6 units
Wertheim's hysterectomy	2 units
Hysterectomy with lymph node dissection	2 units
Vulvectomy	G&S
Laparotomy for ovarian carcinoma	G&S
GENERAL GYNAECOLOGY	
Hysterectomy	G&S
Hysterectomy BSO	G&S
Oophorectomy	G&S
Laparoscopic assisted hysterectomy	G&S
Myomectomy	2 units
Endometrial Ablation	Nil
Pelvic floor repair (+/- vaginal hysterectomy)	G&S
Mesh augmented pelvic floor repair	G&S
Le Fort colpocleisis	G&S
Sacrospinous fixation	G&S
Vaginal tape – simple procedures	G&S
Ectopic Pregnancy – Stable (open or laparoscopic)	G&S
Ectopic Pregnancy – unstable/collapsed	2 units
Diagnostic laparoscopy +/- hydrotubation	G&S
Diagnostic laparoscopy + anticipated treatment	G&S

Hysteroscopy +/- endometrial biopsy	Nil
Hysteroscopic resection of fibroid	G&S
Bartholin's abscess I+D	Nil
Fenton's procedure	Nil
LLETZ (large loop excision transformation zone)	Nil
Cone biopsy	G&S
Vulval biopsy/WLE vulval lesion (WLE wide local excision)	Nil
Treatment to vulval warts	Nil
Others	Discuss with Consultant

* There is a discretionary element to blood ordering based on clinical factors e.g fibroid size, pre-operative Hb and anticipated complications of surgery. In this event, there should be discussion between the operating surgeon, anaesthetist and haematologist.