



AB127. Autologous blood transfusion in hip fracture patients

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Background: Hip fractures place a significant burden on patients, the healthcare system and society in general. The need for blood transfusion is a common associated adverse event in hip fracture patients and is not without risk. Admission anti-coagulant is one of the most common reasons patients surgery is delayed despite evidence in support of early operative fixation

Methods: We performed a retrospective review of all hip fracture patients treated in our unit over a 1-year period. We identified all patients who received a blood transfusion during their inpatient stay and correlated this with certain variables such as age, comorbidities, time to surgery, IHFD criteria met, baseline anti-coagulant use etc.

Results: A total of 130 patients were treated for a hip fracture in Sligo University Hospital in 2018. Almost 40% of hip fracture patients received a blood transfusion during their acute in-hospital stay. Cemented hemiarthroplasty was the most common procedure offered for hip fractures, followed by Intra medullary nail and Dynamic Hip screw fixation. The need for a blood transfusion correlated with an increased post operative stay and higher post operative complications. There was no significant difference in the transfusion rates for those on anti-coagulations on admission and those not.

Conclusions: The need for autologous blood transfusion during acute in hospital stay post hip fractures is an indicator of poorer outcomes and protracted recovery. Baseline anticoagulant use does not increase the incidence of blood transfusion. Patients should be managed with early definitive operative fixation and close monitoring post operatively in relation to the need for blood transfusion.

Keywords: Anti-coagulation; blood transfusion; hip fracture

doi: 10.21037/map.2020.AB127

Cite this abstract as: Fitzgerald E, McCabe P, Kelly J, O'Neill B, Imbabi AM. Autologous blood transfusion in hip fracture patients. *Mesentery Peritoneum* 2020;4:AB127.