**Guidance on the Management of Iron Deficiency Anaemia for Endoscopy Professionals**

Northern Ireland Transfusion Committee

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**Optimise Haemoglobin**

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

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

  **Yes** - **Perform iron studies**

  **No** - **Perform or advise appropriate investigations to facilitate optimisation of haemoglobin and haemostasis**

- **Is there a confirmed diagnosis of iron deficiency?**
  - (Ferritin < 30 ug/L and/or TSAT < 20%)*

  **Yes**

  **No**

  **Ensure iron deficiency is actively treated in parallel with ongoing investigations**

  (Discontinue oral iron for 1 week prior to colonoscopy)

- **Did endoscopy identify the cause of iron deficiency?**

  **Yes**

  **No**

  **Consider advising early surgery to reduce requirement for transfusion**

- **Is there heavy ongoing blood loss?**

  **Yes**

  **No**

  **Give or refer for treatment with intravenous iron***

**Avoid Delays…**

Surgery may have to be postponed if treatable anaemia is not corrected promptly

**Reduce Transfusion…**

Transfusion could have been avoided for 1 in 5 patients by proactive correction of anaemia

Source "Management of Anaemia and avoidance of Transfusion" GAIN 2010 regional audit of 743 transfused patients across NI

**Ensure oral iron therapy is restarted (or commenced) as soon as possible**

Inform patient’s GP and referring Hospital Practitioner

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

**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)

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* 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 Patient Prior to Scheduled Major Surgery”

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