

Editorial

Bleeding in orthopedics

El sangrado en ortopedia

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Orthopedic and traumatological surgical procedures can lead to significant blood loss and acute postoperative anemia, which in many cases requires allogeneic blood transfusions. The clinical, economic and logistical disadvantages of these in some countries and health services have promoted the development of multidisciplinary and multimodal programs known generically as patient blood management (PBM), which aim to reduce or eliminate the need for transfusions and improve clinical outcomes.^{1,2} These programs are based on the application of four groups of perioperative measures: (1) use of restrictive transfusion criteria; (2) stimulation of erythropoiesis; (3) reduced bleeding; and (4) autologous blood transfusion. Blood management is now receiving more attention, as evidenced by the growing number of relevant publications in recent years.

Therefore, there has been increased awareness not only of the amount of blood actually lost in common orthopedic procedures, but also of the potential disadvantages of allogeneic blood transfusion, resulting in a general tendency to avoid or minimize its use.³

Although there are international guidelines with specific recommendations, the different health systems, as well

as the interaction with other medical specialties generate differences of opinion in the management of bleeding in orthopedics. Currently several orthopedic procedures, especially hip or knee arthroplasty, have improved in the time of performance as well as in the control of postoperative bleeding associated with improvements in the surgical technique itself and on the other hand the use of local and general measures to improve hemostasis.

In this issue we highlight three works that show the use of these measures to reduce bleeding seeking their dissemination with colleagues and other doctors of different specialties.

References

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