

15 INTRAOPERATIVE CELL SALVAGE

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15.1 Intraoperative Cell Salvage General Considerations
Section 15
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15.1 GENERAL CONSIDERATIONS

- Intra Operative Cell Salvage (ICS) can provide an alternative to the supply of allogeneic red cell transfusion for some patients undergoing surgical procedures. It may reduce the risks of blood transmissible disease and the immunological events associated with the use of allogeneic blood.
- Methods for ICS should be safe, aseptic and ensure accurate identification of all blood collected. The equipment used shall be pyrogen free, shall include a filter capable of retaining particles potentially harmful to the recipient and must preclude air embolism.
- The Anaesthetic Departments' Protocols and User guide will govern the ICS process.
- Salvaged blood must be clearly labelled with the patient identification details including full name, D.O.B. UMRN and date and time of collection.
- Blood collected by cell salvage should not leave the theatre environment, it must be reinfused in theatre or discarded.
- Salvaged blood should be used within six hours of initiating collection, as bacterial contamination by air born organisms cannot be excluded during collection.

Post Cardiac Bypass - 'Pump Blood'

- Blood Remaining from cardiac bypass should be infused within six hours of initiating collection.
- The bag should be clearly labelled with the patient identification details and the date and time of collection.
- The bag should remain connected to the patient and, if this connection is maintained, it is acceptable for infusion to continue, within the specified time period, after admission to ICU.