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Letter to Editor:

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Dear Editor, we read with great interest your recent article by Deffieux and colleagues[1]. We have two points to make.

We are delighted that you have referenced our work from 2011[2]. This was the first paper to highlight the problem of preoperative anaemia and its association with poor outcomes. We have also specifically looked at hysterectomy and the impact of preoperative anaemia[3]. Of the 12,836 cases most were hysterectomies for benign disease (87.2%). The analysis was by separate multivariate logistic regression models for 30-day mortality, composite morbidity, and each specific morbidity was performed using adjusted odds ratios (ORadj). Results showed a 5-fold increase in mortality. Fowler and colleagues[4] undertook a meta-analysis showing a class effect of preoperative anaemia with a OR 2.97 of death with preoperative anaemia.

Indeed, preoperative anemia has been recognised by NHS blood and transfusion (NHSBT) as a reversible risk. Identification and management of which is recommended by NHSBT, AAGBI, British Society of Haematology and NICE guidelines. We ask why you do not recommend this?

In women who have a benign hysterectomy we ask the authors what is the indication for surgery? Is it the underlying problem or the effect of the underlying problem, i.e. blood loss leading to iron deficiency anaemia. The consequence being fatigued and exhausted. How many patients undergo operation for the presenting symptoms that are in fact attributable to anaemia which in itself is correctable?

References

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