

## **NEW WHITE PAPER HIGHLIGHTS PATIENT CARE RISKS ASSOCIATED WITH INTRAOPERATIVE BLEEDING AND POTENTIAL SOLUTIONS, SUCH AS A STANDARDIZED RATING SYSTEM FOR BLEEDING SEVERITY LIKE THE VIBE SCALE**

Patients with uncontrolled intraoperative bleeding can be four times more likely to die from a surgical procedure.<sup>1</sup> These patients, unfortunately, receive more blood transfusions, have longer hospital stays and have statistically worse outcomes, including significantly higher morbidity rates.<sup>1</sup>

“The risks of intraoperative bleeding, including unnecessary blood transfusions, higher morbidity and longer patient stays, are not being addressed,” said Richard Melseth, executive director of the Society for the Advancement of Blood Management, Inc. (SABM). “We need all stakeholders to work together to raise awareness and implement solutions for the operating room, such as incorporating patient blood management modalities into clinical practice.”

A new white paper from Baxter – [Inefficiencies in Blood Utilization: Opportunities for Improved Outcomes and Policy Action](#) – details the increased risks of intraoperative bleeding and why standards of care need to be developed to help improve patient outcomes when it occurs. The white paper is the result of a Washington, D.C. summit that brought together medical associations, health systems, government, clinicians and industry. The group discussed the risks and complications of intraoperative bleeding, such as the rise in the number of blood transfusions being performed in U.S. hospitals even though 40 to 50 percent of transfusions may not be necessary.<sup>2</sup> The group also focused on the need to define standards of care to effectively address the challenges that result from intraoperative bleeding, as well as the value of establishing quality and reimbursement metrics to reinforce the importance of bleeding control.

“We are committed to advancing the art of healing for patients undergoing surgery around the world, including publishing white papers like this to further the conversations around the potential risks associated with intraoperative bleeding,” said Wil Boren, President of Baxter’s Advanced Surgery business.

One of the key challenges detailed in the white paper is not having a common language framework across specialties to measure intraoperative blood loss and treat bleeding types when they occur. Often, the assessment of bleeding severity is subjective and based entirely on a

clinician's previous experience. One solution is to put in place a standard scale that teams can use to communicate effectively and quickly on the type and severity of a bleed.

“When a patient experiences a bleeding episode during surgery, the entire team needs to act as one. The surgeon relies on the nurses and scrub technicians to provide the tools he or she needs to address the underlying cause, while the anesthesiologist adjusts the volume of anesthesia a patient requires as blood pressure fluctuates,” said Aryeh Shander, M.D., FCCM, FCCP, FASA, Advisory Director, SABM, and Emeritus Chair, Department of Anesthesiology, Critical Care Medicine, Hyperbaric Medicine, Englewood Health. “Having a validated bleeding scale in place would help ensure effective evaluation of the bleed and that the surgical team is working together effectively.”

Recognizing the need, Baxter led the creation of a **VIBe SCALE** (Validated Intraoperative Bleeding Scale). The innovative tool meets U.S. Food and Drug Administration criteria for a clinician-reported scale for intraoperative bleeding severity, and may eventually be used to evaluate the safety and efficacy of hemostatic agents. Results from a three-phase study involving more than 140 surgeons from more than 10 surgical specialties to validate the scale are published in the March 2017 issue of *Surgery*.<sup>3</sup>

Using a standardized rating system like the **VIBe SCALE** to assess the severity of intraoperative bleeding episodes is an important part of formal patient blood management programs, which hospitals can implement to systematically reduce unnecessary blood transfusions and avoid other risks associated with bleeding episodes.

<sup>1</sup> Stokes, Michael & Ye, Xin & Shah, Manan & Mercaldi, Katie & Reynolds, Matthew & Rupnow, Marcia & Hammond, Jeffrey. (2011). Impact of bleeding-related complications and/or blood product transfusions on hospital costs in inpatient surgical patients. *BMC health services research*. 11. 135. 10.1186/1472-6963-11-135.

<sup>2</sup> The Joint Commission, 2017

<sup>3</sup> Lewis, K. M., Li, Q., Jones, D. S., Corrales, J. D., Du, H., Spiess, P. E., Lo Menzo, E. L., DeAnda, A. (2017). Development and validation of an intraoperative bleeding severity scale for use in clinical studies of hemostatic agents. *Surgery*, 161(3), 771-781. doi:10.1016/j.surg.2016.09.022

