

Group & Save Samples for Robotic-Assisted Laparoscopic Prostatectomy Surgeries

Kean H Tan¹, Supathum Paranama¹, Bhagyashree Netke¹, David Mak²

Correspondence: Kean Hoong Tan, Department of Anaesthesia, Perioperative & Pain Medicine, Royal Wolverhampton NHS Trust, United Kingdom. Email: Kean Hoong Tan, keanhoong.tan@nhs.net

Abstract

Background: Recent literature suggests that total intraoperative blood loss and transfusion requirements for Robotic-Assisted Laparoscopic Prostatectomy (RALP) surgeries are low. At Royal Wolverhampton NHS Trust, findings from an initial audit cycle in 2022 was in keeping with this. Consequently, changes were implemented following discussion with relevant stakeholders to stop routine G&S sampling for patients undergoing this procedure.

Methodology: This was a re-audit to review outcomes 6 months following change of practice. Retrospective data collection was done using local electronic databases for patients who underwent a RALP procedure between 1st July 2023 and 30th June 2024.

Results: A total of 156 patients underwent a RALP procedure and 80 G&S samples were performed in that time period. In comparison to our initial audit cycle, there was a 60% reduction in the number of G&S samples performed preoperatively and on the day of the operation. No patients required any blood transfusions throughout their hospital admission. These changes have brought about savings of over £2100 to the Trust and have reduced net carbon dioxide emissions by 60%.

Conclusion: RALP surgery is a safe and effective procedure with minimal blood loss, and therefore, eliminates the need for routine G&S sampling. Changes to routine G&S sampling practices have led to economic and environmental benefits within our Trust.

1. Department of Anaesthesia, Perioperative & Pain Medicine, Royal Wolverhampton NHS Trust, United Kingdom.

2. Department of Urology, Royal Wolverhampton NHS Trust, United Kingdom.

Cite as: Tan, K. H., Paranama, S., Netke, B., & Mak, D. Group & Save Samples for Robotic-Assisted Laparoscopic Prostatectomy Surgeries. *Impact Surgery*, 2(2), 56. https://doi.org/10.62463/surgery.138