What is my role in PBM?

PBM is centered around you. It gives you control of your health in order to improve your outcomes.

Important tips.

Be well informed & understand what is involved. Questions to ask your doctor:

- 1. What is my Haemoglobin level (is it above 13)?
- 2. What are the risks, benefits and alternatives to the suggested treatment (including blood transfusion)?
- 3. How will my blood loss be reduced?
- 4. What will be done to reduce the chances of a blood transfusion?
- 5. If I am a patient for whom blood transfusion is NOT AN OPTION, what medical and surgical techniques will be used?

Please discuss PBM options with your doctor.



Remember...
PBM is about YOU,
and for YOU.

Optimising YOUR outcome is the main concern.

Ask your doctor:

"What is my Haemoglobin?"

ASK FOR PBM.

Prepared by Dr Ananthi Krishnamoorthy & Dr Jameela Sathar as part of Malaysia's patient blood management (PBM) education program.

References:

Society for The Advancement of Patient Blood Management (SABM), USA



^{***}All treatment strategies are customised & may be slightly different in different patient populations; for example in surgical cases, pregnancy, cancer and/or chronic kidney disease.

Did you know?

The best blood is your own blood.

Patient Blood Management (PBM) helps you be your own blood bank.

Why is it beneficial?

- 1. Prepares you for surgery to reduce complications and recovery time (getting home faster and in better health).
- 2. Optimises you to achieve best outcome and improve your quality of life.
- 3. Reduces your chances of hospital related illness / complications.
- 4. Reduces overall cost as you can avoid extra days in hospital with less interventions.
- 5. Your doctor can concentrate on your primary issue rather than being distracted with anaemia, giving blood or dealing with the side-effects of blood transfusion.

When should I ask for PBM?

- 1. If your doctor tells you that you are anaemic or require a blood transfusion.
- 2. If you have a chronic disease such as chronic kidney diseases, heart disease, cancer, bleeding disorder or heavy menstrual bleeding as these increase risk of anaemia.
- 3. If you have a planned surgery. Always ask your Doctor to check your Haemoglobin ideally at least 4 weeks before surgery.
- 4. If you are pregnant especially in the 3rd trimester of pregnancy (even if Haemoglobin was checked earlier).
- 5. If you are undergoing chemotherapy or other treatments for cancer.

How does PBM work?



BUILDS YOUR BLOOD

1. Ensure building blocks essential for healthy red blood cells are sufficient.

This includes checking and optimising your iron concentration, B12 levels, folate, other vitamins & minerals.

 Potential use of a medicine, called erythropoietin, to increase the production of red blood cells.



REDUCES YOUR BLOOD LOSS

- Your current medications
 (including traditional
 medicine/herbs) are reviewed
 with your doctor and those
 that increase bleeding may
 temporarily be stopped.
- 2. Having your medical team focused on avoiding anaemia rather than treating it eg: early treatment of stress ulcer
- 3. Limit blood tests to essential only (minimising loss of blood).
- 4. Improved techniques using good skills, equipment and medication to minimise blood loss during surgery, treatment or birth.



ENABLES & SUPPORTS

- Decide the amount of blood loss your body can stand, and prepare your body well.
- 2. Provide supporting oxygen or medications during your recovery to meet the needs of your body if low red cells.
- 3. Give you time to recover reduce your energy needs to support your body and allow you to be ready whilst safe-guarding you from harm.

PBM is a patient-centered and organised approach in which the entire health care team coordinates efforts to improve results by managing and preserving a patient's own blood.