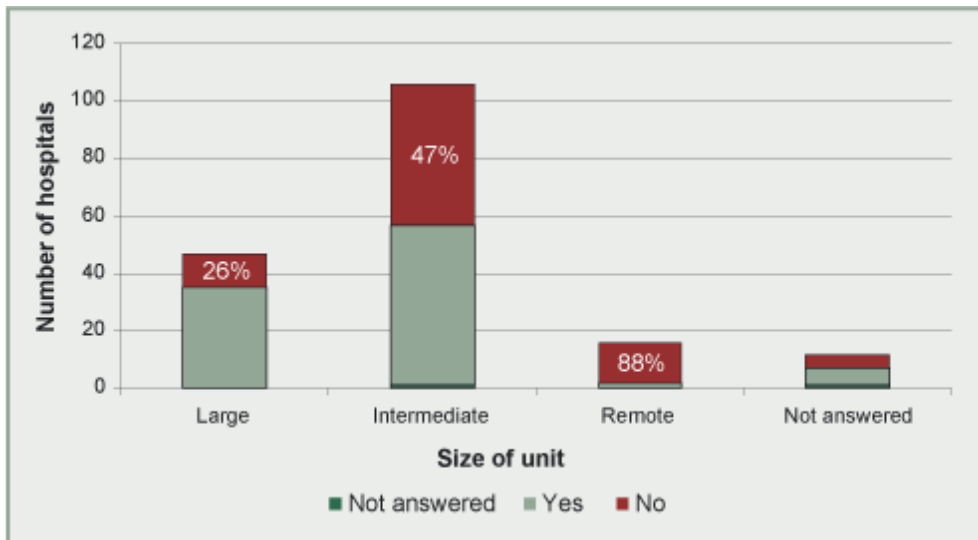


### 3. Organisation of vascular services

#### Use of blood products >> Perioperative cell salvage

55% (93/168) of hospitals responded that cell savers for intraoperative cell salvage were routinely available in theatre (Figure 11). Cell savers were more likely to be available in large vascular units.



**Figure 11.** Routine availability of cell saver devices in hospitals by size of vascular unit  $n=181$ . Percentages refer to hospitals that do not have cell saver devices routinely available.

The technology for intraoperative cell salvage has been available for some years. The capital cost of the machines is substantial but with the rise in the cost to Trusts of donor blood, the cost of the disposable equipment required for each operation now equates to the cost of one donated unit of blood. If use of the machine results in averting the use of two units of donated blood then there is the potential for a net saving to the hospital. In addition, the patient is protected from the risks of donated blood. The introduction of cell saving equipment requires that sufficient theatre staff are trained in its operation so that someone competent is always available when the equipment is needed.

“Better Blood Transfusion” was circulated in July 2002<sup>18</sup>. By Spring 2004 when this data was collected only 55% of hospitals in the study had managed to introduce this technology.