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Full cycle audit reviewing the post-operative blood transfusion rate in open hernia repairs in order to reduce the number of pre-operative Group and Save Tests required: an aid to rational resource utilisation of finite resources during the COVID-19 pandemic

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Aims: Open hernia repairs are common elective and emergency surgical procedures; the majority are performed without complication. A primary audit indicated pre-operative group and save could be disregarded without compromising safety. A selective group and save policy was introduced, and safety of this approach examined with a 2nd cycle audit.

Methods: Retrospective review of electronic patient records between October 2019 to September 2020. Cross referencing of operative and blood transfusion records performed compared to the primary audit cycle of April 2018 to March 2019.

Results: A total of 225 open hernia repairs including inguinal, femoral and all other abdominal wall hernias were performed during the 2nd cycle compared to 410 in the 1st cycle. Patients were ASA 1-5 including emergencies.

The post-operative blood transfusion rate was reduced from 1.46% to 0% following implementation of the selective policy. The number of pre-operative group and saves obtained reduced to 117; saving £6,840.19.

Conclusions: This single centre full cycle audit indicates pre-operative group and save tests are unnecessary in open hernia repair. A selective group and save policy introduced for certain patient characteristics such as emergency repair, ASA $\geq$3 or abdominal wall reconstruction reduced the post-operative blood transfusion rate to 0%.

Discontinuing mandatory pre-operative group and save is a safe approach synchronously reducing clinical and financial burden. COVID-19 has stretched already limited resources, resulting in reduced surgical services and diminished case numbers during the 2nd cycle. Therefore, rational resource utilisation with a selective group and save policy maintains patient safety during the pandemic.