

# Reply to: Evaluation and Treatment of Anemia Prior to Surgery: A Challenge to Improve<sup>☆</sup>



## Réplica a: «Evaluación y tratamiento de la anemia de forma previa a la cirugía: un reto por mejorar»

Dear Editor,

First of all, we would like to thank Dr. Ripollés et al. for the interest shown in the manuscript “Results of a national survey about perioperative care in gastric resection surgery”<sup>1</sup> and their valuable contributions, as well as their important work within the Spanish Multimodal Rehabilitation Group (GERM).

After considering their comments, we must clarify that, for the selection of the more than 60 questions that were part of the survey of the aforementioned article,<sup>1</sup> we based our decision on many of the process indicators included in Enhanced Recovery in Abdominal Surgery (ERAS)<sup>2</sup> in the evaluation section and on those where we believe surgeons play more of a leading role. As with anemia, other points of great interest in multimodal rehabilitation programs, such as pre-habilitation or the elimination of toxic habits, have also not been included in the survey. This was done to keep the questionnaire from getting too long and to be able to obtain a sufficient sample that would allow us to evaluate the perioperative measures and tendencies the surgeons of our country apply in this type of procedures.

As stated in the text by Dr. Ripollés et al., the aforementioned ERAS<sup>2</sup> pathway includes several general recommendations (out of an exact total of 95) referring to the management of perioperative anemia in abdominal surgery, with a high level of evidence and recommendation grade. Although these general recommendations can be assumed more specifically in gastrectomy and esophagectomy surgery, the literature published in this field is more limited and mainly based on retrospective observational studies,<sup>3,4</sup> as specified in the article signed by Dr. Vorwald et al.<sup>5</sup> Some studies even indicate that perioperative transfusion does not significantly affect the survival of patients with esophageal cancer.<sup>6</sup>

Likewise, we understand and are aware of the importance of the diagnosis and perioperative treatment of anemia in patients who are scheduled to undergo abdominal surgery, even more so when the reason for this intervention is cancer of the digestive tract. Therefore, we believe that this measurement should be routinely included in the perioperative care of these patients.

Furthermore, we appreciate the important effort made to establish the consensus recommendations presented recently at the Salamanca Congress on this point, and we encourage the GERM, perhaps through RedGERM, to initiate and coordinate (if they consider it appropriate and are not already doing so) a prospective, comparative and multicentric study that would raise the degree of evidence of said recommendation established by consensus and that addresses an aspect that, as indicated by Dr. Ripollés et al., is essential in the implementation of multimodal rehabilitation programs in order to improve the safety of the process and its results.

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