

OPTIMIZING GROUP AND SAVE TESTING IN MINIMAL ACCESS GYNECOLOGICAL SURGERY

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Aim

- Assess the cost-effectiveness and clinical impact of requiring two blood samples for Group and Save before gynaecological procedures.
- Evaluate whether a risk-based selective approach can enhance preoperative efficiency.

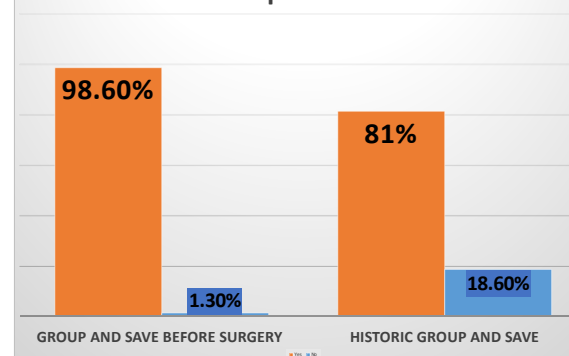
Methods

- **Design:** Retrospective analysis (Oct 2023–Oct 2024).
- **Setting:** Aneurin Bevan University Health Board.
- **Procedures:** Selected laparoscopic gynaecological surgeries (excluding complex cases).
- **Focus Areas:**
 - Necessity of dual sample collection.
 - Impact on workflow, cost, and patient outcomes.
 - Group and Save history, transfusion needs, and single-sample eligibility.

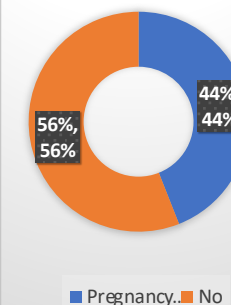
Results and Discussion

- **Records reviews:** 75 cases.
- **Dual Testing Usage:** 98.6% had two Group and Save tests, despite 81% having a historic sample.
- **Unnecessary Costs & Inefficiency:** Routine dual testing led to resource overuse.
- **Pregnancy Factor:** 44% had prior pregnancies, requiring two samples.
- **Transfusion Risk:** Only 1.3% required transfusion, confirming low-risk procedures.
- **Operational Considerations:**
 - Crossmatching feasible within 60 minutes if needed.
 - Multi-site operations may face transport delays.
- **No Delays or Cancellations:** No cases were affected by invalid Group and Save samples, supporting potential streamlining of testing requirements.

Group and save



Sensitizing event



Conclusion

- A selective Group and Save approach could eliminate the need for two samples in over half of cases, improving efficiency and reducing costs.
- Targeted testing would optimize lab workload, minimize unnecessary blood draws, and support sustainability.
- Future policies should adopt a risk-based strategy to ensure resource efficiency while maintaining high-quality patient care.

Acknowledgment

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