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Letter to Editor:

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10 Kingdom.

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14 Dear Editor, we read with great interest your recent article by Deffieux and colleagues¹. We
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16 have two points to make.

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19 We are delighted that you have referenced our work from 2011². This was the first paper to
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21 highlight the problem of preoperative anaemia and its association with poor outcomes. We
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23 have also specifically looked at hysterectomy and the impact of preoperative anaemia³. Of
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25 the 12,836 cases most were hysterectomies for benign disease (87.2%). The analysis was by
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27 separate multivariate logistic regression models for 30-day mortality, composite morbidity,
28
29 and each specific morbidity was performed using adjusted odds ratios (ORadj). Results
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31 showed a 5-fold increase in mortality. Fowler and colleagues⁴ undertook a meta-analysis
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33 showing a class effect of preoperative anaemia with a OR 2.97 of death with preoperative
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35 anaemia.

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38 Indeed, preoperative anemia has been recognised by NHS blood and transfusion (NHSBT) as
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40 a reversible risk. Identification and management of which is recommended by NHSBT,
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42 AAGBI, British Society of Haematology and NICE guidelines. We ask why you do not
43
44 recommend this?

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47 In women who have a benign hysterectomy we ask the authors what is the indication for
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49 surgery? Is it the underlying problem or the effect of the underlying problem, i.e. blood loss
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51 leading to iron deficiency anaemia. The consequence being fatigued and exhausted. How
52
53 many patients undergo operation for the presenting symptoms that are in fact attributable to
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55 anaemia which in itself is correctable?
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58 References
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