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Letter to the editor

No more unnecessary waiting: hemoglobin stabilizes in 60 minutes

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Dear editor:

The persistence of non-evidence-based transfusion practices continues to pose an avoidable risk to patients and a waste of scarce resources. One of the most deeply rooted—and costly—myths is the belief that post-transfusion hemoglobin (Hb) requires 24 hours to stabilize, justifying delayed checks that postpone clinical decisions and encourage overtransfusions.

The study by García et al. (1) conclusively demonstrated that hemoglobin (Hb) levels stabilize within the first hour after transfusion of packed red blood cells in hospitalized adults, with no significant differences (>0.5 g/dL) remaining until six hours, regardless

of diagnosis, number of units, or anthropometric characteristics. This finding refutes the physiological justification for waiting 6, 12, or even 24 hours to assess the transfusion response.

However, inertia still prevails in clinical practice. Castellanos (2) reported measurements at 12 and 24 hours in cancer patients, in whom an average increase of 0.88–1.09 g/dL was observed—values consistent with the literature, but unnecessarily late if reliable information is already available at the first hour. Meanwhile, Hernández Vivanco (3) documented unnecessary transfusions in surgery, with pre-transfusion Hb levels > 7 g/dL and no active bleeding, reflecting a disconnect between evidence and practice.

This gap described above is unacceptable. The French National Health Authority suggests a hemoglobin threshold of 7 g/dL for asymptomatic patients, 8 g/dL for those with cardiovascular disease, and 10 g/dL for cases of poor clinical tolerance. (4) Knowles and Raitt (5) emphasize that the immediate effects of prehospital blood transfusion on heart rate and blood pressure can vary among patients, reinforcing the need for timely verification of transfusion efficacy. Delays in hemoglobin monitoring not only expose patients to multiple risks—circulatory overload, immunomodulation, febrile reactions—but also consume blood units that could save lives in contexts of scarcity.

This reflection suggests an immediate action: standardizing the optimal time to measure post-transfusion hemoglobin—preferably within the first hour and not at 24 hours—and aligning this practice with restrictive transfusion thresholds. Implementing protocols based on this evidence could improve patient safety, reduce costs, and conserve a limited resource.

Bibliographic references:

1. García Habeych JM, Leal Medrano JA, Arenas Mantilla MA, Daza Bolaño NE, Rodríguez Amaya RM. Stability of serum hemoglobin after red blood cell transfusion in adult patients in the internal medicine service. Med Int Méx[Internet].2019Jul[cited 15/01/2026];35(4):485-91.https://doi.org/10.24245/mim.v35i4.2369

2. Castellanos O. Changes in hemoglobin at 12 and 24 hours post-transfusion of red blood cell concentrates in patients of the Oncology Center of the Ángeles Lomas Hospital [thesis]. Mexico: UAEM;2025[cited 15/01/2026]Available at: https://ru.dgb.unam.mx/server/api/core/bitstreams/5f332053-18db-4c6a-82a3-05a0085234a0/content

3. Hernández Vivanco KG. Pre- and post-surgical hemoglobin and hematocrit levels in transfused patients undergoing elective and emergency surgeries [thesis]. Cuenca: University of Cuenca;2023[cited 15/01/2026]Available at:https://rest-dspace.ucuenca.edu.ec/server/api/core/bitstreams/f1d5b00f-c60a-4ace-8d15-146dea82ebb4/content

4. Cozza M, Boccardi V, Duka R, Vashist Y, Marano L. Blood transfusion in older surgical patients: the only option or is there a better approach? Aging Clin Exp Res[Internet].2025[cited 15/01/2026]; 37(1): 135.https://doi.org/10.1007/s40520-025-03033-4

5. Knowles C, Raitt J. Blood transfusion - moving from what to how. Scand J Trauma Resusc Emerg Med[Internet].July 2025 [cited 15/01/2026];33(1):118. Available at:https://doi.org/10.1186/s13049-025-01428-w

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The authors declare that there are no conflicts of interest.

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