Patient blood management (PBM) is a recently developed technique; it is an evidence-based, patient-focused approach to optimize the management of patient and blood transfusion. Shortage of blood donation and numerous complications from blood transfusions urge many doctors to apply this technique to the real world of practice regardless of types of their individual practice and types of treatment given to their patients. Therefore, this special issue has been organized to introduce the cutting-edge techniques of PBM for various fatal diseases, including hematologic, gastrointestinal, and obstetric and gynecologic diseases. This issue focuses not only on the several strategic tools for PBM but also on the great clinical innovations in the real clinical application of these techniques for managing complicated patients.

Recently, the knowledge and understanding of the benefits and costs of these newly developed hemostatic methods have made it easier for medical personnel to manage patients’ blood. A number of hemostatic agents and devices have been developed, and they can be classified by their mechanism of action. Coagulants can result in hemostasis by means of various mechanisms, including physical, caustic, bio-physical, and biologic actions. Hemostatic devices are divided into several categories such as dressings, glue, clips, electrocautery devices, and so on. Park and Koh will touch on various kinds of hemostatic materials and techniques [1].

With the global implementation of PBM, administration of iron and erythropoietin (EPO) has become the most common pharmacologic choice based on current practice’ needs. However, controversy still exists. Therefore, further studies on iron and EPO are warranted to ensure better and safer patient care. This topic will be reviewed by Lee and Yuh [2].

Over the last decade, autologous blood transfusion has increasingly been raising concerns owing to awareness of adverse effects of allogeneic blood transfusion, blood shortage, and patients with religious or other personal issues. With advances in medicine, cell salvage and acute normovolemic hemodilution (ANH) have been proposed as an alternative to allogeneic blood transfusion. Ahn and Lee [3] will provide an overview of current knowledge of ANH and cell salvage and summarize potential benefits of these techniques.

An individualized approach to each patient with anemia is recommended in various medical conditions such as acute coronary syndrome, heart failure, chronic kidney disease, and malignancies. However, PBM has not yet been established in the medical field as well as in perioperative care. Uhm [4] will provide an overview of the past, the present, and the future of PBM for the medical field.

Significant advances have been made in PBM in the surgical field, especially in anesthesiology, hepatobiliary and pancreatic surgery, and obstetrics and gynecology. Jung and Kim [5] will discuss the updates on current issues in the anesthesiologic area. PBM in the field of hepatobiliary and pancreatic surgery, and obstetrics and gynecology will be reviewed by Jung and Choi [6] and Lee [7], respectively.

Finally, Um [8] will offer future perspectives of PBM in Korea. Blood transfusion is an essential medical procedure that can save the patient’s life. However, it is anticipated that there will be a shortage of blood transfusion products in Korea in the near future. PBM is an evidence-based, multidisciplinary approach to optimizing the care of patients who may need a transfusion. This goal is fulfilled by clinically managing or preserving the patient’s own blood instead of imprudently resorting allogeneic blood. Although Korea has just begun the journey toward the PBM implementation, it is hoped that...
strong supports from the government and endeavors from professional societies will bring rapid and substantial success in implementation of PBM in Korea.

REFERENCES