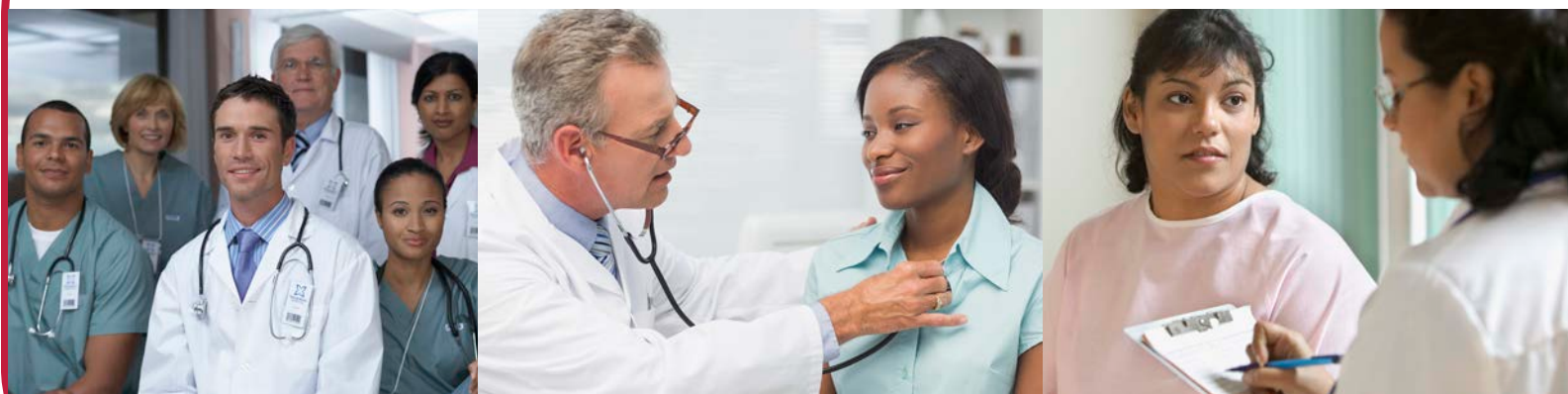


# Evidence-Based Management of Sickle Cell Disease

Expert Panel Report, 2014: Guide to Recommendations



**U.S. Department of Health and Human Services**  
National Institutes of Health  
National Heart, Lung, and Blood Institute

[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

## Chapter 3: Managing Acute Complications of Sickle Cell Disease

3. Consult with a hematologist for possible preoperative transfusion if surgical intervention is required.  
**(Consensus–Panel Expertise)**

### Hepatobiliary Complications

1. Treat acute cholecystitis in children and adults with SCD with antibiotics and surgical consultation.  
**(Consensus–Panel Expertise)**
2. Treat asymptomatic gallstones with watchful waiting in children and adults with SCD. In those who develop symptoms specific to gallstones, treat with cholecystectomy. The laparoscopic approach is preferred if surgically feasible and available.  
**(Strong Recommendation, Moderate-Quality Evidence)**
3. Consult with a hematologist or sickle cell expert for possible preoperative transfusion if surgical intervention is required.  
**(Consensus–Panel Expertise)**
4. In children and adults with SCD and signs and symptoms of AHS or AIC, provide hydration, rest, close observation, and consult a sickle cell expert for further management.  
**(Consensus–Panel Expertise)**
5. In children and adults with SCD and signs and symptoms of possible AHS or severe AIC, obtain urgent consultation with a sickle cell disease expert for diagnosis confirmation.  
**(Consensus–Panel Expertise)**
6. In children and adults with SCD with confirmed AHS or severe AIC, perform simple or exchange transfusion.  
**(Consensus–Panel Expertise)**