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**Background and Aims** Optimum transfusion trigger for elderly patients undergoing hip fracture repair is still uncertain. During the last decade „patient blood management” (PBM) and its three treatment „pillars’ has emerged as a part of surgical patients care. The aim of this study was to evaluate the reason for transfusion in elderly surgical hip fracture patients, with preexisting anemia – strategy addressed to the 3. pillar of PBM.

**Methods** Elderly patients (age 65 or over) with preexisting anemia (WHO definition) undergoing surgery for hip fracture between February 2020 and December 2022 were retrospectively evaluated. Only patients receiving blood transfusion perioperatively were included in this study: because of hemoglobin level (<80 g/L), sign and symptoms indicative of anemia (physiological trigger), patients’ comorbidities, or combination of each. Mercuriali algorithm was used for all patients, calculating tolerated red blood cell loss, (dRCV), and perioperative red blood cell loss (pRCV). Patients perioperative data were statistically analyzed.

**Results** A total 65 anemic patients were included, average age 85 years, 85% female. Patients in group I (40 patients, dRCV < pRCV) had lower preoperative hemoglobin (106±8 g/L vs 112±10 g/L), and had higher transfusion index (591±223 vs 335±158 mL) than group II (25 patients, dRCV > pRCV). Physiological trigger was the main reason for transfusion in both groups. There was no statistically significant difference according to reason of transfusion between two groups.

**Conclusions** Perioperative anemia in elderly patients poses a clinical challenge. Despite intense research to identify an optimal transfusion trigger for patients, larger clinical trials are needed to prove the outcome benefit.