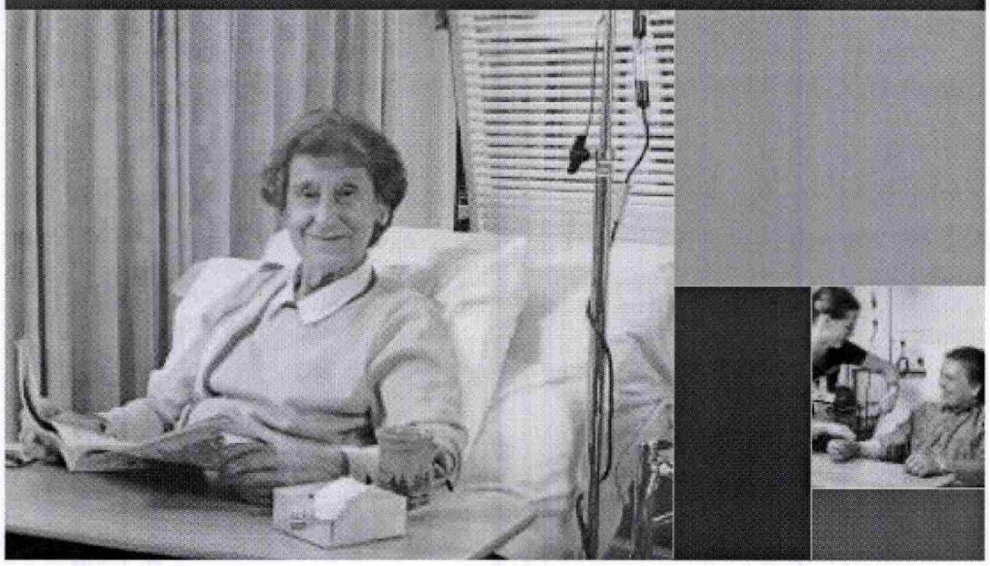
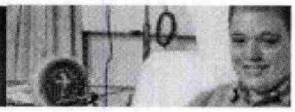
NHS

Receivingabloodtransfusion



IMPORTANT PATIENT INFORMATION

Receivingabloodtransfusion



Like all medical treatments, a blood transfusion should only be used when really necessary. The decision to give a blood transfusion to a patient is made only after careful consideration. In making that decision your doctor will balance the risk of you having a blood transfusion against the risk of you not having one. Ask your doctor to explain why you need a transfusion, as there may be alternative treatments available.

Why might you need a blood transfusion?

Most people cope well with losing a moderate amount of blood (for example, 2-3 pints from a total of around 8-10 pints). This lost fluid can be replaced with a salt solution. Over the next few weeks your body will make new red blood cells to replace those lost. Medicines such as iron can also help compensate for blood loss. However, if larger amounts are lost, a blood transfusion is the best way of replacing the blood rapidly.

- Blood transfusions are given to replace blood lost in surgery, and after accidents.
- Blood transfusions are used to treat anaemia (lack of red blood cells).
- Some medical treatments or operations cannot be safely carried out without using blood.

What can I do to reduce my need for blood before an operation?

- Eat a well-balanced diet in the weeks before your operation.
- Boost your iron levels - ask your GP or consultant for advice, especially if you know that you have suffered from low iron levels in the past.
- If you are on warfarin or aspirin, stopping these drugs may reduce the amount of bleeding. Please check with your GP or consultant if you should stop these before your operation. (Please remember, for your own safety, only your doctor can make this decision.)

Alternatives to blood transfusion

It is important that a blood transfusion is given only when there is no alternative. For example, blood transfusion is only needed for the minority of patients having surgery. Blood tests may be done a few weeks before your operation to identify if you have anaemia which can be treated in advance. Sometimes it is possible to collect blood that is lost during or after an operation and return it back to you. You may want to ask your doctor if these methods are possible in your case.

Are transfusions safe?

Almost always, yes. The main risk from a transfusion is being given blood of the wrong blood group. A smaller risk is catching an infection. To ensure you receive the right blood, the clinical staff make careful identification checks before any transfusion. They will ask you to state your full name and date of birth. They will then check the details on your wristband to ensure that you receive the right blood. They will regularly monitor you during your transfusion and ask you how you feel.

In the United Kingdom we take many precautions to ensure blood is as safe as possible:

- All blood donors are unpaid volunteers whose health is carefully checked.
- All donors are asked a number of questions to help rule out anyone who may pass on an infection.
- Every donor is tested for certain infections each time they give blood.
- Any donated blood that fails these tests is discarded.
- The testing process is checked regularly to make sure that it meets very high standards.

Are transfusions safe? (continued)

The most important of these are hepatitis B, hepatitis C and HIV (the virus that causes AIDS).

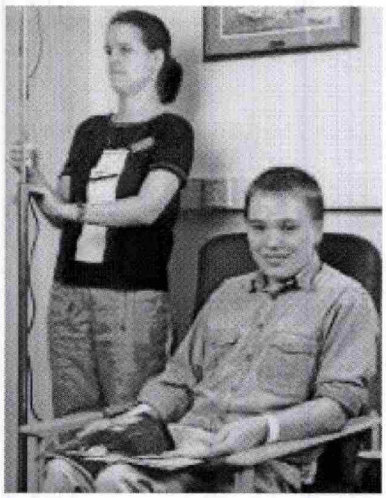
The risk of catching hepatitis from a blood transfusion is very low – about 1 in 900,000 for hepatitis B (in fact, you are more likely to be struck by lightning), and less than 1 in 30 million for hepatitis C. The chance of HIV infection is less than 1 in several million. As yet, we don't know the level of risk of variant Creutzfeldt-Jakob Disease (vCJD) being transmitted by blood. However, we have put in a number of precautions to minimise the risk.

Thanks to these key measures and others, blood is now safer than ever before.

Donated blood will be specially selected to match your own blood for the most important blood groups. But, because your red blood cells carry over 100 different blood groups, an exact match is not possible. About 1 in every 15-20 patients develops an antibody to the donated blood, and will need to have specially matched blood. If you have a card saying you need to have special blood, please show it to your doctor and ask them to tell the hospital blood bank.

Fortunately, severe reactions to blood transfusions are extremely rare. But when they do occur, staff are trained to recognise and deal with them.

How is blood given?



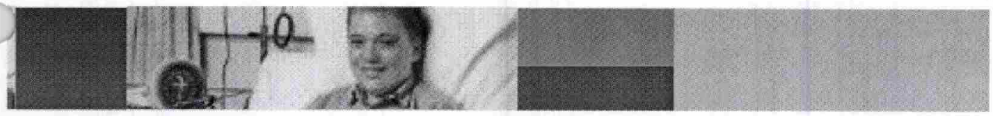
- It is dripped into a vein, usually in your arm or hand, using a needle and tubing.
- One bag of blood (a unit) takes about 2 hours to give (but can be given more quickly or more slowly if needed).

How will I feel during my blood transfusion?

Most people feel no different at all during their transfusion. However, some people develop a slight fever, chills or a rash. These are usually due to a mild immune reaction or allergy and are easily treated with paracetamol (Panadol), or by giving the blood more slowly.

What if I have other worries about transfusion?

You may be afraid of needles, worried about being squeamish at the sight of blood or have had a bad experience related to a blood transfusion. Please tell your doctor or nurse about any concerns you may have, no matter how trivial you think they may be.



The National Blood Service (NBS) is part of the NHS and provides the blood that patients receive. In order to plan for future blood demands, information about which patients receive blood needs to be gathered. The NBS may ask a Trust or GP to provide limited medical information on a sample of patients who have received blood transfusions.
Any information that is passed on to the NBS is held securely, with the rights of these individuals protected under the Data Protection Act.

Additional copies of this leaflet can be obtained from the NBS Hospital Liaison team. Call 01865 440042.

Other Information

If you are interested in finding out more about blood transfusions and have access to the Internet, you might find the following web site useful:

National Blood Service – www.blood.co.uk

A big thank you goes to Jean and Tony for allowing us to photograph them whilst receiving their transfusions.

This patient information leaflet was approved by the Chief Medical Officer's National Blood Transfusion Committee. Planned review date 2005.

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