NATIONAL BLOOD TRANSFUSION SERVICE

WEST MIDLANDS REGIONAL HEALTH AUTHORITY

Director:

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31st July 1989

Dr. H. Gunson,
National Director,
BTS National Directorate,
Gateway House,
Piccadilly House,
MANCHESTER M.60 7LP

Dear Harold,

I do not think I am alone amongst RTDs in finding that Frozen Fresh Plasma is overused and misused in District Hospitals.

There are variety of reasons for suggesting that the genuine indications for FFP should be limited:

i) It is wasteful -

NIH Concensus Development Panel
JAMA (1985); 253: 551-553

Oberman, HA, JAMA (1985); 253: 556

Shamberger JN et al. Transfusion (1987) 27: 226-227

Silbert JA et al. Conn. Med (1981); 45: 507-511

Shaikh BS et al. Vox Sang. (1985); 48: 336-369

Blumberg N et al. Transfusion (1986); 26: 511-513

ii) It is not always a good "plasma expander" -

Hutchison JL. J. Lab Clin. Med (1960); 56: 734-746

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iii) It can cause serious, rarely fatal adverse reactions -

Eastlund et al. Vox Sang (1989); 57: 15-18

Review by Nordhagen R. Vox Sang (1986) 51: 102-107

iv) It can transmit HCV; HBV, HIV-1 and HIV-2

Extrapolating from our own estimates in the West Midlands it is likely that between 20 and 30 tonnes of FFP in England and Wales could be diverted from the clinical sector to plasma fractionation. This would naturally require an effort ie persuasion of anaesthetists and surgeons that the ritual adherence to "formula" prophylaxis when stored blood is used at operation is inappropriate etc, etc. Yet it would probably be worthwhile if we are collectively failing to meet our plasma targets. Besides, even though an effort is required, it will not be costly.

Is there any place for some guidelines issued from the National Directorate to achieve this purpose?

With kind regards

Yours sincerely,

GRO-C

DR. F. A. ALA
Director