

What can I do to make sure
that a safe supply of blood
will be available should I,
my friends, family or members
of my community need it?

It is very important that as many healthy
persons as possible volunteer to donate blood.
This will guarantee that a safe, adequate blood
supply is available for all patients. Thousands
of lives are saved each year in the UK by
volunteer blood donors.

What if I have
other concerns?

You may be worried about such things as
feeling squeamish at the sight of blood or of
having a needle put in your vein. The doctor
or nurse can help with these problems. Tell
them about your concerns. They will not see
them as silly or of no importance.

Where can I get
further information
if I need it?

If you require further information, please ask
the doctors or nurses on the ward or in the
clinic.

Please encourage your
healthy friends and relatives
to become blood donors.

*First time blood donors should
be between the ages of 18-60.*

For further information
about blood donation
please telephone

0345 711711

calls charged at local rate



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Your questions about **Blood** **Transfusion** answered

A leaflet for patients and their relatives



Why do patients need blood transfusions?

Blood transfusions are given to replace blood lost in surgery or to treat anaemia (lack of red blood cells).

If you have *surgery*, you may lose some blood during the operation. If this is a small amount, the fluid can be replaced with a salt or glucose solution. Your body will then make new red cells over the next few weeks. If you lose a significant amount of blood, then doctors will want to replace it as quickly as possible, so that you do not suffer the weakening effects of blood loss.

If you have *anaemia*, your body does not have enough red cells to carry the oxygen you need. You may feel tired or breathless. Blood transfusion is an effective treatment where a speedy improvement is needed. Treatment by medicines and vitamins may be effective when treatment is less urgent. Your doctor will only recommend that you have a blood transfusion if you really need it.

Is blood safe?

In the United Kingdom, all blood donors are *unpaid volunteers* who are carefully questioned about their health. Before donation, every effort is made to identify and exclude those who may be at risk of passing on infections.

In addition, *every* unit of donated blood is *individually* tested. Any blood which fails these rigorous tests is discarded and the donor advised. The testing process is regularly monitored to ensure that the highest standards are maintained.

In recent years, people have become aware that viruses, including hepatitis B and C, may very rarely be passed on in blood. This may happen even more rarely with HIV - the virus that causes AIDS. In considering the risks of transfusion, it may be helpful to know that many common activities (eg smoking or driving a car) carry far greater risks of death or serious injury.

The chance of contracting AIDS from a blood transfusion in the UK is less than 1 in 2,000,000. This is classified as a negligible risk, of the same order as the chance of being struck by lightning. The current risk of a blood donation being infected with hepatitis B or hepatitis C is 1 in 200,000.

There is no proven or even probable instance of transmission of CJD by blood, blood components and blood products.

In comparison, the risk of dying while playing soccer is 1 in 25,000 (ie at least 80 times more likely than being infected with HIV and 8 times more likely than being infected with hepatitis B and hepatitis C). The risk of dying in a road accident is approximately 250 times greater than the risk of AIDS from a blood transfusion, and 25 times greater than the risk of catching hepatitis B or hepatitis C.

The risks of having a blood transfusion must always be balanced against the risks to your health of not having a blood transfusion.

Can I have a reaction to someone else's blood?

There are many blood groups which differ from person to person. Before a blood transfusion is

given, a blood sample will be taken to match your blood with a suitable blood donor. This will reduce any chance of reaction, which may include fever or chills. Having a reaction to blood does not mean that the blood is infected. It usually reflects the fact that your body can recognise blood from someone else.

When selecting blood for transfusion, it is impossible to match a donor's red and white blood cells *exactly* with those of a patient, as there are far too many blood groups to match. Therefore, only the two most important blood groups are taken into account.

Some months after a transfusion, a few people (about 8-10%) may develop antibodies to minor blood groups in donor blood. These antibodies will not make the person feel ill in any way, but will be identified if blood tests are done in the future. These tests will help to decide what sort of blood should be given next time around.

Can I donate my own blood before an operation?

For certain operations, it may be possible to donate two or three units (1 unit = approx 3/4 pint) of your own blood three to four weeks before admission to hospital. Of course, not everyone is able to do this; giving blood may make some people feel unwell and it is inadvisable if you have problems such as high blood pressure or an infection. Your doctor will be able to advise you.