

Monday 24 October 1994
Written Answer
Thursday 27 October 1994

PQ 5564/1993/94
Han Ref: Vol 243
Col 324

BLOOD TRANSFUSION

424 Dawn Primarolo (La. Bristol South):

To ask the Secretary of State for Health, what plans she has to develop autologous blood transfusion.

MR SACKVILLE

We are aware of the value of autologous transfusion for those patients where the procedures are applicable. In appropriate cases it can provide a useful supplement to the supply of blood from voluntary donors which the National Blood Service supplies to our hospitals. The medical profession is aware of autologous transfusion and advice is available from medical staff of the National Blood Service and hospital consultant haematologists. Selection of patients for this procedure has to be undertaken with extreme care to avoid any possible clinical risk to that patient.

BACKGROUND

There are three forms of autologous blood transfusion:

(i) pre-deposit, whereby a patient's blood is donated for his or her own use, in advance of known surgery. This usually entails weekly donations on three or four occasions. The procedures may only be appropriate in certain circumstances. Not all operations are preplanned. The amount of notice given for the operation may not allow for sufficient blood to be collected from the patient and the planned date of the operation may not be achieved. It is often this sort of practical difficulty that would rule out autologous blood transfusion. In many cases the procedure is not possible anyway because of the patient's underlying disease or illness, or age. The procedures can be costly because of the need for separate storage, and wasteful unless there is careful selection of those patients where there is a reasonable expectation that blood is likely to be required.

(ii) immediately prior to a cardiac operation some blood is removed to thin the blood and make circulation through by-pass equipment easier. During the operation the blood is then reinfused into the patient.

(iii) so-called blood salvage. In this case blood that is lost from the patient is filtered and cleaned before being reinfused. This procedure cannot be used where the patient has severe infection or cancer.

Autologous transfusion as a useful supplement to the work of the National Blood Service (NBS) in appropriate cases, but not something that will replace the NBS product. The NBS provides a very safe supply of blood from voluntary unpaid donation. People at risk of transmitting infection through blood are asked not to donate and all units of donated blood are individually tested for HIV 1 and 2, Hepatitis B and C and syphilis. We keep these safeguards under review.

Autologous transfusion is not a way of alleviating shortages, because of the very limited circumstances in which it would be appropriate, the cost of the procedures and the wastage which could occur, since unused autologous blood cannot be used for other patients.