

Can my family and friends donate blood for me?

No.

You may have heard of this practice in the US but it is not common practice in Europe. However, you should still encourage your family and friends to donate blood.

Crossmatching Blood

If you require a transfusion, a blood sample is taken from you after you have been identified. You will be asked for your name, address, date of birth and your wristband will be examined. This sample is tested to establish your blood group and carefully matched against the donated blood to ensure blood you are to receive is as closely matched with your own blood as possible. This is all done in our own laboratory in Blackrock Clinic.

Reactions

Your nurse will observe you carefully during your transfusion. Should you feel unwell or experience fever or chills you should tell your nurse immediately. This reaction may not be any cause for concern but as a precaution your nurse will stop your transfusion immediately, call a doctor and investigate and treat your symptoms.

Glossary: *

Red Cell: Contains haemoglobin which carries oxygen from your lungs to all the cells in your body.

Platelets: Small cells which help to prevent bleeding and form clots properly.

Plasma: Straw coloured fluid. It carries all the blood cells around the body. It contains the clotting factors which control bleeding.

Albumin: This is the most abundant protein in plasma. It helps transport various molecules through the blood and helps to stop fluid leaking into the tissues.

Fibrinogen: This is a protein in blood plasma that is essential for blood clotting

For information about becoming a blood donor, please contact the Irish Blood Transfusion Service on 1850 731 137 or visit their website, www.giveblood.ie



Blackrock Clinic

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INFORMATION ON BLOOD TRANSFUSION

What is a Blood Transfusion?

Giving a patient blood or one of the products made from it i.e. red cells*, platelets* or plasma* is known as blood transfusion. Sometimes, other blood components may be prescribed by your Doctor, these include Albumin* and Fibrinogen*.

Where does the blood transfused in Blackrock Clinic come from?

All blood and blood products used in this hospital are supplied by the IBTS (Irish blood transfusion Service). We receive Albumin from Baxter Healthcare and Fibrinogen from CSL Behring.

Why do we need Blood Transfusion?

Blood transfusion has saved millions of lives since its widespread introduction over 50 years ago. Common indications include:

- Blood loss because of accident or surgery
- Anaemia of a severe, symptomatic nature
- Bleeding or clotting disorders
- As a treatment in certain diseases and blood disorders

You will only be given a transfusion if you really need it.

Details about why you may need a transfusion will be explained to you by your medical team.

It is important to tell your Doctor or Nurse if you have had a blood transfusion in the past or if you have ever had a reaction to a blood transfusion.

What will I feel during transfusion?

Transfusion is given through a small cannula or needle into a vein - it shouldn't hurt, but the cannula may be a little uncomfortable. At the bedside both you and the unit of blood you are to receive are carefully identified - this is why you are asked yet again to state your name, address and date of birth. Each unit is usually transfused over 2-4 hours.

What are the risks of Blood Transfusion?

The risks of having blood transfusion are rare and must be balanced against the risk to your health of not having a transfusion. Countless lives are saved every year by blood transfusion and investigations and many operations can only be performed because blood is available. The risks include the breakdown of transfused cells (a transfusion reaction) or the transmission of infections and viruses.

What Infections and Viruses may be transmitted through a Blood Transfusion?

A great deal of publicity has been given to the potential risk of getting AIDS or Hepatitis from blood transfusions. All blood transfused in Ireland is tested for these viruses. When you consider the risks of transfusion, it is important to realise that the risk of infection from blood transfusion is very low. Daily activities such as road travel are associated with much greater risks than the risks of a blood transfusion when you need it.

The estimated viral risks are:

- HIV: possibility of 1 in 4 million units of blood transfused
- Hepatitis C: possibility of 1 in 4 million units of blood transfused
- Hepatitis B: possibility of 1 in 250,000 units of blood transfused

The careful collection and storage of the blood reduces the risk of bacterial infection in blood, which is rare but can be fatal. Variant Creutzfeldt Jacob Disease [vCJD] is a fatal disease, which is caused by eating BSE contaminated meat. BSE is more commonly known as 'mad cow disease'. Over 180 cases have occurred worldwide to date. The incidence of BSE is much higher in the United Kingdom than in other countries and the vast majority of patients who have contracted vCJD either live in the UK or have spent extended periods in the UK. It is now known that vCJD can be transmitted through blood transfusion although the risks of this are believed to be very low. In Ireland the chance of anybody developing this disease due to eating infected beef is estimated to be very small due to the much lower amount of BSE infected meat consumed here. However two cases of vCJD in Irish individuals who had not spent time in the UK have been reported.

To date there is no test for vCJD, the IBTS have introduced the following precautions to reduce risks of transmission:

- The exclusion of donors who have spent more than 1 year in the UK
- The removal of the white cells from all units of blood
- The exclusion of donors who have received a blood transfusion in the past
- Importing virally safe plasma from a BSE free zone outside Europe

It is important to realise that if you need a transfusion the risks of not having it exceed the extremely low risk of developing vCJD from a transfusion.

These are the infectious risks we are aware of, however, there is always the risk of transmission of other currently unknown diseases.

Are there alternatives to having a Blood Transfusion?

Alternatives may be suitable depending on your underlying illness and your general health. The following is a brief outline of the alternatives which can be offered to some patients.

Fluid Replacement: Some blood loss can be replaced by fluids such as saline and colloids. Your body will make its own new red cells over the next few weeks.

Medication: Your Doctor may prescribe iron tablets or injections to improve your blood count.

Erythropoietin (EPO) a blood hormone may be prescribed for some patients. These treatments take time to improve your counts and may be used when anaemia is less severe or surgery less urgent.

If I had a transfusion reaction in the past can I still have a Blood Transfusion?

A further reaction may be prevented by medication prior to transfusion or by giving a different blood product. It is important that you tell your doctor and nurse if you have had a reaction in the past. Months after transfusion some patients develop substances in the blood called antibodies. These antibodies won't make you ill but can be important for future transfusions or in pregnancy. They will be discovered when your blood is tested and this test will also help decide which blood to give you next time round.

DECLARATION

I have received the Blackrock Clinic Information Leaflet on blood transfusions.

If I have any queries I may contact my nurse/doctor for more information.

Name:
(BLOCK LETTERS)

Signature:

Date:

