

Rarely some months after a transfusion, patients may develop antibodies to the transfused red cells. These antibodies will not usually make the person ill, but will be important for future transfusions or in pregnancy.

### **Can I have a Blood Transfusion in the future?**

Yes. It is important to inform nurses, doctors and phlebotomists that you have had a previous blood transfusion or that you had a reaction to blood. This will help to ensure that your blood is matched as closely as possible to the blood that you are to receive and that any special requirements are met.

### **Are there any alternatives to having a Blood Transfusion?**

Yes. Depending on the type of surgery and the patients physical and medical condition alternative treatments may be possible.

- Autologous Donation - patients can donate their own blood a few weeks before their operation and have it available if they need it for their own operation. This option is not always necessary or suitable and needs to be arranged up to six weeks in advance of surgery. Autologous blood transfusion carries the same risks of bacterial infection as blood from a volunteer donor and the same risks of receiving the wrong blood.
- In certain circumstances, blood lost during or after surgery is collected and transfused back to the patient. This option is used when it is considered appropriate.

- Patients may be requested to stop taking some types of medication prior to surgery to help reduce bleeding, it is important that the doctor is aware of all medication you are taking.

### **What else should I know?**

At present relatives or friends cannot donate blood intended for use by you. This has been shown to be no safer than volunteer donated blood.

### **Remember**

As with all treatments you have a right to refuse to have a blood transfusion but you should bear in mind that:

The risks of having a blood transfusion need to be balanced against the risks of not having one. The doctor decides when a transfusion is required and it is only when no other form of treatment is appropriate.

Doctors weigh the potential risks very carefully against the benefits of transfusion. You should discuss any concerns you have about receiving a blood transfusion with your doctor and nurse.

For further information regarding  
Blood Transfusion  
in Cappagh National Orthopaedic Hospital  
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*Information  
for patients about  
Blood  
Transfusions*

## Why would I need a Blood Transfusion?

You may need a blood transfusion as part of your operation to replace blood loss.

## What do I need to know about a Blood Transfusion?

### What is a unit of blood?

A unit of donated whole blood is separated into individual products mainly red blood cells, plasma and platelets. A blood transfusion is when a patient is given red cells, plasma or platelets.

**Red blood cells** carry oxygen throughout the body and give blood its red colour.

**Plasma** is the liquid part of blood and it helps correct problems in patients' blood clotting.

**Platelets** are also essential to allow blood to clot properly

**How is blood transfused?** Blood contained in a bag is given through a tube connected to a needle inserted in your arm, generally at the time of surgery. It normally takes two to four hours for one unit of blood to be transfused.

### Where does the blood come from?

Blood is distributed by the Irish Blood Transfusion Service.

### Is it safe?

The serious risks of blood transfusion are reactions to the blood and the transmission of infections. There are many safeguards on blood supply. The donors are all unpaid volunteers and all undergo detailed questions about their risk of acquiring infections to ensure they are in good

health. Following donation each unit of blood is tested for infections which can be transmitted through blood, HIV 1&2 (which causes AIDS) Hepatitis B and Hepatitis C, Syphilis and HTLV 1&2. Only blood which passes these tests will be used for transfusion.

At present the risks from transfusion are very low especially when compared with road travel for example

#### *The known risks are:*

<b>Road Travel</b>	<b>1 in 8000</b>
<b>HIV</b>	<b>1 in 4 million</b>
<b>Hepatitis C</b>	<b>1 in 4 million</b>
<b>Hepatitis B</b>	<b>1 in 200,000</b>

Recently there has been much concern over transmission of variant Creutzfeldt Jakob Disease (vCJD), the human form of mad cow disease. Since 1999 the Irish Blood Transfusion Service has introduced a number of precautionary measures to diminish any chance of vCJD transmission in Ireland. These measures include removing white blood cells from every donation, barring people from donating who had spent significant periods of time in the UK and sourcing plasma from countries free of this disease. Bacterial infection of blood is possible, the careful collection and storage of blood prevents this rare risk of blood transfusion.

These are the risks we are aware of, however there is the risk of transmission of other currently unknown diseases. Careful selection of donors, handling, testing and storage of blood minimises these risks as much as possible.

## So what happens if I need a Blood Transfusion?

Your blood will be tested to ensure that it is as near a match as is possible to the donated blood that you will receive. This is necessary, as a harmful reaction can occur with the transfusion of blood which is not a match.

The sample of blood taken by the Phlebotomist for matching is carefully identified with your personal details. Then, at the bedside before the transfusion is started both you and the unit of blood will be carefully identified by two nurses. You will be asked to state, your name and date of birth as part of the detailed checklist carried out by the Phlebotomist when taking your match sample and the nurse prior to starting the transfusion.

**Never be afraid to ask the nurse about what is happening.**

## What happens if I get a reaction, how will I know?

During transfusion a nurse will observe you carefully.

You must tell the nurse immediately if you begin to feel unwell. Your pulse, temperature and blood pressure will be checked during the transfusion and if these show a change or you feel unwell, as a precaution, the transfusion will be stopped, the doctor will be called and you will have your symptoms treated. The reason for the reaction will be investigated and if necessary reported to the National Haemovigilance Office at the Irish Blood Transfusion Service.