

Checklist for blood component therapy

The following list of questions will help you to make sure that you have received enough information about your treatment.

1. Do you understand why you may need blood component therapy?

Blood component therapy is used in many different situations. Your doctor or other health professional should explain why the therapy is needed and how it can be expected to improve your health.

2. Have the possible risks of blood component therapy been explained to you?

As part of the process of informed consent, the possible risks of blood component therapy in your situation should be clearly explained.

3. Has the use of alternatives to blood component therapy in your situation been discussed?

In some cases alternatives to blood component therapy may be appropriate treatment. You can discuss this with your doctor or other health professional.

4. Have all your questions been answered?

Remember that you have a right to ask questions and to expect answers that you can understand. It may help to have a family member or friend with you when you are talking to your doctor or other health professional.



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Phone: Toll Free 13 000 NHMRC (13 000 64672)
or call 02 6217 9000

OR

To contact ANZSBT

Email: anzsbt@anzsbt.org.au
Phone: 02 9256 5456

BLOOD

Who needs it?

Consumer brochure

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This brochure answers some common questions about blood component therapy (also called blood transfusion).



What is blood component therapy?

Blood component therapy is also called blood transfusion.

Blood moves through our bodies bringing oxygen and food to the cells and carrying away waste. Whole blood is made up of a number of components including a liquid portion (plasma) and different types of cells.

If you lose a lot of blood or if some blood cells are damaged or there are not enough of them, you may need blood component therapy. This means that blood components will be transfused into your bloodstream.

In most transfusions, it is not whole blood but a blood component that is given. Blood components include the following.

- ◆ *Red blood cells* are the carriers of haemoglobin, which is needed to transport oxygen around the body. They are usually given if haemoglobin levels are low (anaemia) or if a lot of blood is lost.
- ◆ *Platelets* are pieces of cells that help stop bleeding by sticking together to form a plug. Some people have low numbers of platelets. This may be caused by disease, certain medications or treatments. Platelets are given to prevent or control bleeding in these people.
- ◆ *Fresh frozen plasma* and *cryoprecipitate* contain clotting factors which work with platelets to seal wounds. If any of the clotting factors are not present in the blood, bleeding can occur very easily and is difficult to control. These products are transfused to replace the missing clotting factors if specific concentrates are not available.

Some people may need a single emergency transfusion (ie after a road accident or major surgery). Others, such as people with cancer, may need regular blood component therapy throughout their treatment. People with blood disorders or kidney disease may need transfusions throughout their lives.

Where do blood components come from?

In Australia and New Zealand the source of blood components is donated blood. People who give their blood provide a precious resource that is important in the care of many.

What are the benefits?

Blood component therapy is used in many different medical situations. It can save lives. It can also improve quality of life for people with blood disorders.

What are the risks?

As with all medical procedures, blood component therapy involves some risks. These are limited as far as possible through the care that is taken when the blood is collected, and processed.

- ◆ Blood donations are checked for viruses (such as HIV and hepatitis) that might be transmitted by transfusion. This means that the risk of viral infection from blood products is very low.
- ◆ People who may have been in contact with hazards to the blood supply (eg bacterial infections) are not allowed to donate blood. This is known as donor deferral.
- ◆ Surveillance systems are in place to detect and respond to other risks as they emerge.

The doctor or other health professionals who care for you should ensure that blood component therapy is only given when it is really needed and will be of benefit to you. As well as having tests, you will be asked questions to make sure that you receive exactly the blood component therapy you need.

Reactions to transfusion can sometimes occur, for example headaches or fever. If you are given blood component therapy, you will be monitored closely for early signs of any reactions or problems.

Are there alternatives?

Because blood is a limited resource and there have been public concerns about the risks of receiving blood products in the past, alternatives to blood component therapy are continually being developed. These include:

- ◆ minimising the need for transfusion by improving surgical methods to prevent or reduce bleeding; and
- ◆ using new procedures and medicines so as little blood as possible needs to be transfused.

However, there will still be people who, due to the amount of blood loss, are best treated with blood component therapy.

Can I use my own blood?

Some people feel that it is safer to have their own blood collected and stored before surgery. This is known as *autologous transfusion*.

As careful checks are made on donated blood, there is little advantage to using your own blood. If your own blood is used, the medical team's first priority should still be to use as little of the pre-stored blood as possible.

Informed consent

Before any medical procedure is carried out, you (or a family member) will be asked to give your permission or *consent*. To involve you in decisions about your treatment you should be given information about the benefits and risks in your situation. Be sure to ask questions if there is any part of your treatment that you do not understand.

In an emergency, there may not be time to discuss your treatment. However, the reasons for the transfusion should be explained to you when you are recovering.