

References:

- Circular of Information for the Use of Human Blood and Blood Components. AABB. Oct 2017.
- AABB Technical Manual. 20th Edition.



This brochure was developed by the California Department of Public Health, Laboratory Field Services (850 Marina Bay Parkway, Richmond, CA 94804)

In partnership with the Medical Technical Advisory Committee of the Blood Centers of California.

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This brochure is provided as a source of information and is not considered a replacement for the Informed Consent process prior to the transfusion of blood.



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Revised 03/2022

A Patient's Guide to Blood Transfusion



California
Department of Public Health

March 2022

This document provides written information regarding the benefits, risks, and alternatives of transfusion of blood products, including red blood cells, plasma, platelets, or other products, collected from a patient or someone who is not the patient. This material serves as a supplement to the discussions you have with your physician. It is important that you fully understand and read the document thoroughly. If you have any questions about transfusion ask your physician before consenting to receiving blood or blood products.

Information About the Treatment

Transfusions of blood products are given to increase the amount of blood components in your body when they may be too low for your wellbeing. The transfusion may be red blood cells, plasma, platelets or other specialized products from blood. Your physician will decide on the amount and type of blood product based on your medical condition or diagnosis.

Potential Benefits of the Treatment

Transfusion of blood products may be necessary to correct low levels of blood components in your body. In some cases, failure to receive transfusion(s) can have a negative impact on your health, up to and including a serious outcome like dying.

Risks of the Treatment

Known risks of this treatment include, but are not limited to:

- Irritation, pain, or infection at the needle site;
- Temporary reactions such as a fever, chills, or skin rashes.

Other rare but more serious complications include but are not limited to bacterial infections (sepsis), severe allergic reactions,

heart failure due to fluid overload, fluid leaking into the lungs (acute pulmonary edema), destruction of red blood cells (hemolysis), shock, or death.

Transfusion of blood products carries a very small risk of transmitting infections such as HIV (about 1 in 3 million), Hepatitis C (about 1 in 3.3 million), and Hepatitis B (about 1 in 1.5 million). Other significant infections may also be transmitted by transfusion, but overall this risk is low.

Treatment Options / Alternatives

If you need blood you have several options. Most patients requiring transfusion receive blood products donated by volunteer community donors. These donors are extensively screened about their health history and undergo numerous blood tests as mandated by state and federal regulations in order to ensure the safest possible blood supply. Alternatives to transfusion with blood products from volunteer community donors include:

Pre-operative autologous donation: (using your own previously donated blood), see below for more information.

Directed donation: (blood donated by people who you have asked to donate for you), see below for more information.

Intra-operative autologous transfusion/hemodilution: (the collection of your own blood during surgery which may be given back to you).

Medications: Certain medications given prior to or during surgery can increase blood volume or reduce active bleeding, which may lessen the need for transfusion.

These options may be available only if your health, time, and surgical procedure permit.

They may not be available at all locations or for all patients. You may also choose not to receive blood transfusions, however, this decision may have life-threatening consequences.

Pre-operative autologous donation is not appropriate for all patients. Autologous donation involves collecting your own blood prior to a planned surgery and storing it in the hospital or a community blood bank. It is important to discuss with your physician if it is safe for you to donate, and the likelihood of needing a transfusion based on the kind of surgery you are having and current transfusion guidelines. Receiving your own blood may reduce but will not eliminate the risk of transfusion-related complications. Insurance company reimbursement policies may vary for this service. Overall, although autologous donation is an option to consider for those who qualify, the number of autologous donations in the United States has significantly decreased in the last few decades mainly due to major advances in blood safety and efforts to decrease unnecessary blood transfusions.

Directed donation refers to blood collected from “directed donors” who donate blood for a specific patient by request. Directed donors are often family and friends of the patient. Directed donors must go through and pass the same qualification process as volunteer donors, and they must be ABO compatible with the patient. Directed donations are not any safer than the general blood supply.

A safe and adequate blood supply relies on altruistic blood donation by healthy members of your community. Blood donations by family and friends can help ensure an adequate supply for your needs as well as the needs of other patients.