

Patient information

Venesection

Venesection means removing approximately a pint of blood from a vein in your arm, most commonly when a blood donor donates a pint of blood.

Why do I need Venesection?

Your consultant will have recommended venesection to either reduce the number of red cells in your blood, or to reduce the amount of iron in your body depending on your underlying medical condition.

The following medical conditions are often treated with regular venesection procedures:

- ❖ **Polycythaemia:** This is when you have too many red cells in the blood which makes the blood too thick. If the blood is too thick, flow through, especially small blood vessels, is difficult and there is an increased risk of thrombosis (clots), myocardial infarction (heart attack) or strokes occurring. In this case venesection is necessary to remove blood on a regular basis to reduce the number of red cells and make the blood thinner.
- ❖ **Haemachromatosis:** This is when your body continues to absorb iron from your food even when you have enough stored. You are not able to get rid of the extra iron and this is deposited in other organs of the body. If high levels of iron are deposited, damage to organs can occur leading to insulin dependent diabetes, liver damage, arthritis, infertility and impotence in men. Every pint of blood removed contains a quarter of a gram of iron.

The body then uses the excess stored iron to make new red blood cells. With regular venesections the iron stores are gradually reduced.

- ❖ **Iron overload:** This is caused as a result of having lots of blood transfusions in the past resulting in excess of iron being stored. As before, regular venesections will gradually get rid of the unwanted iron.

The reason why this procedure is recommended for you should be explained to you by your consultant before you start venesections.

How is the procedure carried out?

Venesection is carried out on a bed by a nurse within the Macmillan Day Unit.

You will be assessed by the nurse to ensure you are well enough to have the venesection performed and understand what the procedure entails. Your blood pressure will be checked prior to starting the procedure. If your blood pressure is low you are more likely to faint during the procedure. You will be given a drink and your blood pressure re-checked.

A tourniquet will be placed on the upper part of your arm and tightened slightly whilst a needle is inserted into one of the large veins in the crook of your arm. Blood will flow through a tube into a collection bag (the same as giving blood at a donor session). Your consultant will request how much blood is removed, but it is usually around 400mls (less than one pint).

Once we have taken enough blood, which takes about 10-20 minutes, the tourniquet is removed and the needle is removed. We will place a gauze pad over the place where the needle went in and apply pressure for a few minutes to prevent bleeding or bruising. You will be given a drink, your blood pressure re-checked and asked to stay on the bed for a further 10-20 minutes to ensure you are recovered before going home.

Does Venesection hurt?

The procedure may cause some discomfort but should not be painful. If you would like your skin to be numbed prior to the procedure please ask. A cream or spray may be applied to numb the intended area where the needle will be inserted.

How often will I need Venesections?

This will depend on your medical condition and your general health. Your consultant will have explained how often you will need venesections to start with and then this will be reviewed regularly.

You will need a blood test within a month of each venesection to monitor the amount of iron or red blood cells in your blood. This can be arranged with your GP practice. If your venesections are more often than monthly these blood samples will be collected at the same time as your venesection procedure. Prior to each procedure these blood results will be reviewed to ensure venesection is necessary. Your consultant will be kept informed and will continue to monitor your progress in their out-patient clinic.

Preparation for the procedure

Please eat as normal and drink plenty of fluids prior to your venesection as it will make it easier to insert the needle into one of your veins and you are less likely to feel faint following the procedure. If you are unwell on the day of the procedure please contact the Medical Treatment Unit on 01284 712986 for advice. There is no other specific preparation for you to do.

Can I drive afterwards?

It is advisable to have someone drive you home after your first venesection. Your blood pressure may become lower after venesection, which may make you feel light-headed. You will be asked to stay in the unit until your blood pressure returns to normal. Having a drink will make you feel better and increase your blood pressure.

Are there any side-effects?

Most people can lose around a pint of blood without experiencing any unwanted side effects, however, occasionally people may experience the following -

Bruising or Bleeding: You may get a bruise at the site where the needle was removed. Inform the nurse if you are taking blood thinning medications prior to the procedure eg warfarin or aspirin, as pressure will need to be applied for longer after removing the needle.

(If you are on blood thinning injections you should have been advised by your consultant to stop these 24 hours prior to venesection).

The nurse will check your needle site before you leave. You should keep your gauze dressing on for 24 hours. If bleeding occurs later at the site, press on it firmly with a clean tissue for a few minutes. Avoid strenuous exercise and lifting heavy objects with that arm for the rest of the day.

Any bruising should disappear after a few days.

Feeling Faint: Occasionally people feel faint during or following venesection. If this happens we will lay you down flat and give you a drink. This will make you feel better quite quickly. Drinking plenty of fluids before you come in for your procedure and afterwards, will help avoid this. It is advisable to avoid drinking alcohol and vigorous exercise for the rest of the day.

If you faint we may give you fluid through a vein in your other arm during the next procedure.

What happens next?

Another appointment will be made for your next venesection prior to leaving the unit. If you are unable to attend this appointment it is important to let the Medical Treatment Unit know and another appointment can be arranged, as missing appointments may be detrimental for your medical condition.

Contact numbers

If you have any questions or concerns about your venesection, please contact the Medical Treatment Unit on 01284 712986 (Monday to Friday 8.00am to 6.00 pm).

If you experience side-effects following your venesection please contact the Medical Treatment Unit and outside opening hours call NHS 111.

Further Information

Genetic Haemochromatosis information can be found on the Haemochromatosis Society's website: www.haemochromatosis.org.uk

Polycythaemia information can be found on the Leukaemia Research Fund's website: www.lrf.org.uk

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

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