Blood Transfusion

Frequently Asked Questions

Why might I need a blood transfusion?

Blood transfusions are given to replace blood lost in surgery, major accidents, childbirth, or to treat anaemia (lack of red blood cells).

If you have surgery, you may lose some blood during the operation. If this is a small amount, the loss can be replaced with other fluids. Your body will make new red blood cells (essential for carrying oxygen throughout the body) over the following few weeks.

However, if you lose a significant amount of blood, then your doctor will want to replace it as quickly as possible by blood transfusion. This is so you do not suffer any of the weakening effects of blood loss.

Significant loss from a major accident or during childbirth may also need to be replaced rapidly as advised by your doctor.

If you have anaemia your body does not have enough red blood cells to carry the oxygen you need. You may feel tired or breathless. Blood transfusion is an effective treatment when a speedy improvement is needed. Treatment by medicines and iron or vitamins is just as effective when treatment is less urgent. Doctors will only recommend that you have a blood transfusion if you really need one.

Can my own blood be used for my operation?

For some operations it may be possible to use your own blood. This is called autologous blood transfusion. There are several methods of doing this and our practice offers the most useful ones:

1) Pre-operative autologous blood collection. Blood collected many weeks before your operation, is returned to you as you need it intra-operatively and or post-operatively

2) Intraoperative cell salvage. Blood lost at the time of your operation is collected via a suction device and then returned to you during your time in theatre.

Dr Campbell will discuss with you which of the above methods could be used, or is best for you, depending on the type of operation and your general health. Despite these methods, some patients may still need donor blood, but the likelihood is reduced.

If you would like more information about these procedures or to find out if autologous blood is appropriate for you, please ask Dr Campbell.

Are blood transfusions safe?

In Australia all blood donors are unpaid volunteers who go through a strict screening process about their health. Before donation, every effort is made to identify and exclude all those whose blood may carry a risk of passing on infections. In addition, every unit of donated blood is individually tested. Any blood which fails these rigorous tests is discarded and the donor advised. The testing process is regularly monitored to ensure that the highest standards are maintained.

The chance of contracting hepatitis from a blood transfusion is currently about one in 500,000 for hepatitis B and one in 30 million for hepatitis C. The chance of contracting HIV or HTLV infection is one in five million.

The level of risk of contracting variant Creutzfeldt–Jakob Disease (vCJD) is not known, but is likely to be extremely low.

In considering the risks of transfusion, it may be helpful to know that common activities (for example smoking or driving a car) carry a far greater risk than the likelihood of getting an infection from a blood transfusion.

The risks of having a blood transfusion must always be balanced against the risk to your health from not having a blood transfusion.
Can I have a reaction to someone else’s blood?

There are many blood groups which differ from person to person. Before a blood transfusion is given, a sample of your blood will be taken to match it with a suitable donor. Blood is matched for the two most important blood groups, ABO and Rhesus D.

If you have previously been given a card which states that you need to have blood of a specific type, please show it as soon as possible to your doctor, nurse or midwife and ask them to tell the hospital transfusion laboratory.

Occasionally a transfusion will make you feel shivery or achy. These reactions are usually not serious and are easily treated. The nurses will ask you to tell them if you feel unwell during a transfusion.

Some months after a transfusion, a few people (about 8 to 10%) may develop antibodies to minor blood groups in donor blood. These antibodies will not make the person feel ill in any way, but will help influence what sort of blood should be given next time around.

Can I be given the wrong blood?

Care is taken at every stage to ensure that you get the right blood transfusion, in order to achieve this it is important for you to be correctly identified. Wearing an identification band with your correct details is essential.

You will be asked to state your full name and date of birth and the details on your identification band will be checked before each bag of blood is given.

What can I do to make sure that a safe supply of blood is available should I, my friends, family or members of my community need it?

It is very important that as many healthy people as possible volunteer to donate blood. This will guarantee that a safe, adequate blood supply is available for all patients. Thousands of lives are saved each year in Australia by volunteer blood donors.

If you would like to donate blood please contact the Australian Red Cross by dialing 131 495.

www.donateblood.com.au
qldinfo@archs.redcross.org.au
Blood Transfusion continued…

Who can I contact for more help or information?

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Linthicum, MD 21090
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Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for your own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature Date