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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Therapeutic Venesection

Haematology Day Unit



This leaflet has been written to help explain the purpose of therapeutic venesection and to help identify the risks and benefits of the procedure.

What is a venesection?

Venesection is a procedure where a trained nurse or doctor removes approximately 450mls of blood from your circulation. The procedure is the same as for blood donors.

Why is a venesection necessary?

Venesection is used for the treatment of haematological (blood) conditions such as:

Polycythaemia – an increased number of red blood cells in your circulation that can make your blood become too thick and causes the flow to become sluggish. This can then increase your chance of developing problems such as a thrombosis (blood clot). By performing a venesection this risk is reduced.

Genetic Haemochromatosis – an iron overload disorder, causing excess iron to gradually accumulate in the body's organs, joints and other tissues, which can lead to some serious damage if left untreated. A venesection of 450mls of blood can remove approximately 200mg of iron which helps to deplete the body's iron stores, reducing the risk of iron overload and tissue damage.

Are there any alternative treatments?

Your consultant has recommended this treatment as being the best option for you. Any alternative options will have been discussed with you and will depend on your individual circumstances and medical condition.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk.

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Further advice and information

If you are worried or concerned about your condition or treatment, or you require further advice, please do not hesitate to contact us on the numbers below:

Haematology Day Unit at St Peter's hospital Chertsey:

01932 722347

Sue Currier – Haematology Nurse Specialist via the hospital switch board:

01932 872000 - pager number 8341

Or leave a message with the Haematology Secretaries:

01932 722120 or 01932 723442

The numbers above are only available on Monday to Friday from 09:00 to 17:00.

References and useful websites

www.lrf.org.uk

www.haemochromatosis.org.uk

Before you come for your venesection

It is important that if any of the following applies to you that you inform the person performing the venesection:

- Taking any medication that helps thin your blood
- Taking medication to help control your blood pressure
- Have previously fainted or become unwell after a blood test or venesection
- Are frightened of needles
- Have a heart condition
- Have allergies, especially to skin cleaning products or tape

This is important as we may have to take special precautions to ensure you remain well throughout the procedure.

It is also strongly advised that you have something to eat and drink prior to coming for the venesection. If you drive yourself to the appointment it is crucial that you feel well before you drive home. The alternative would be to bring a relative or friend with you for the first few visits to escort you home.

How is a venesection performed?

The nurse will ask for verbal consent before the procedure is undertaken and will be happy to answer any of your questions.

You will be asked to make yourself comfortable on a couch so your blood pressure and pulse can be checked to ensure they are within normal limits. The nurse will examine your arms to assess the best vein to perform the venesection and the area will be cleaned. A tourniquet will be placed on the upper part of the arm and will be tightened slightly whilst a needle (attached to a venesection pack) is inserted into the large vein at the bend of your elbow.

The needle will be held in place with tape and it is important not to bend your arm whilst the procedure is being performed.

Once the blood starts flowing into the bag you will be asked to squeeze a bandage in your hand as this helps with the blood flow. When enough blood has been collected the tourniquet will be loosened and the needle removed. A piece of gauze will be placed on the area and a pressure bandage will be applied, this helps to lessen the risk of any subsequent bruising or bleeding.

No local anaesthetic is required for this procedure.

How long will the procedure take?

The procedure takes approximately 15 minutes and you will be required to rest for at least 20 minutes following the procedure.

Frequency of venesection

If you have *Polycythaemia* you will need regular blood tests and venesection as required. This can be as often as 1-2 monthly or every 6 months depending on your condition.

If you have *Haemochromatosis* you will require very regular (weekly) venesections until your iron levels reduce down to the required target. Once your target is achieved you will require monitoring on a 2-3 monthly basis.

Are there any side effects of the venesection?

Most people can lose around 450mls of blood without any noticeable effects, as your body soon replaces the fluid removed. Also most people carry on as normal following their venesection, but a few do report feeling tired for a few days following the procedure.

However, some more serious side effects may occur, such as:

- **Fainting**
Occasionally people feel faint during or after the venesection, if this happens you will be laid flat on the couch with your feet elevated. Your blood pressure will be checked to assess your condition and once you feel better you will be sat up and given a drink, and be asked to rest on the couch until you feel well enough to leave the department. To reduce the risk of fainting it is important to have a meal and plenty to drink before the procedure. After the procedure you should avoid any strenuous activity and avoid smoking for at least 2 hours after. If fainting is reported as a persistent problem, it may be necessary for you to receive some intravenous fluid replacement (via a drip) whilst the venesection is performed.
- **Bruising or bleeding**
There is a risk that you will develop a bruise at the site where the needle was inserted. Following the procedure a pressure bandage will be applied which must be left in place for at least 2 hours post venesection. It is also advisable to avoid any heavy lifting with that arm for the rest of the day. If bleeding occurs at the site after removal of the bandage, firm pressure must be applied with a clean tissue or gauze until it stops.
- **Pain**
Venesection is not normally painful, but you may experience some discomfort when the needle is inserted and removed. Occasionally, and unavoidably, it is possible that the needle could hit a nerve which will cause some pain, or give you pins and needles in your hand or arm. It is important to tell the nurse if this happens so that the needle can be removed.