

A decorative graphic in the top left corner consisting of several overlapping, light grey circular arcs of varying radii, creating a partial circular pattern.

Patient information

Therapeutic Venesection

Haematology Department

Introduction

It has been recommended that you have a therapeutic venesection as part of your treatment for a blood disorder. This leaflet explains some of the benefits and risks of the procedure so that you have enough information to make an informed choice. Please ask your medical team about anything you do not fully understand or would like to discuss in more detail. We recommend that you read this leaflet carefully.

Information

A therapeutic venesection is the removal of approximately 450mls of blood from your circulation. The procedure is the same as for blood donors. You have been given a diagnosis by a member of your medical team that requires therapeutic venesection. These commonly include:

- Haemochromatosis.
- Polycythaemia vera.
- Polycythaemia (Idiopathic or Secondary).

You will have discussed your diagnosis with your medical team and been given information relating to your specific condition before proceeding with a venesection.

The amount of venesections you require will depend on your condition and you as an individual. Your blood test will be monitored regularly, and a member of your medical team will determine the frequency. In general, it is performed once every three months when your condition has stabilised. Some patients may only require venesection on a short term basis and others over a period of many years.

Venesection is a quick and effective way of reducing iron levels, red blood cells or the thickness of your blood to a safe level.

Preparation before your Procedure

You will need to have a blood test a few days prior to your appointment to see if it is necessary to perform the procedure.

You must eat and drink plenty of fluids prior to the procedure which will help to find your veins easier and prevent you feeling faint.

You should continue to take your normal medications up to and including the day of your procedure. If we do not want you to take your normal medication a member of your medical team will inform you of this. It is important you let us know if you are taking any anticoagulant drugs (for example, warfarin, clopidogrel or aspirin) as these can thin your blood, or any medication to control your blood pressure.

During the Procedure

The nurse will take your blood pressure and ask a few questions about your general health and then she will ask for your consent to carry out the procedure.

You will need to lie on a trolley where you will be made comfortable. The nurse will then assess your veins to find the best one for the procedure and a blood pressure cuff or tourniquet will be applied to your arm to help the vein stand out better.

The skin around the vein will be cleaned with alcohol / chlorhexidine solution to clean the skin. Once dry the nurse will insert the needle into the vein which is connected to the venesection pack.

The venesection pack consists of a needle connected to the collection tubing which leads into the bag. Once the needle is inserted it will be secured with tape. The pressure on the cuff will then be released while the blood is collected.

Once the correct amount of blood has been collected the needle will be removed and pressure will be applied to the wound until the bleeding has stopped. A bandage will then be applied. The whole procedure should take approximately 15-30 minutes.

Risks

A therapeutic venesection is considered a safe procedure but on occasion there can be side effects and complications which can include:

- **Lightheaded or fainting:** You may feel light headed or faint during or after the procedure but several things can minimise the risk. In particular you need to drink lots of fluids prior to the procedure and eat and drink regularly after the procedure. If you faint during the procedure, we may need to give you some fluid via a drip which will be inserted into a vein in one of your arms. We will check your blood pressure routinely. You will be laying down when you have the procedure to try to prevent this from happening. It is important you inform someone if you feel unwell as this could indicate you may be about to faint, and the nurse can often prevent this by tilting the bed so your feet are slightly higher than your head
- **Blood clotting in the line:** If your blood is very thick the flow may be very slow and start to clot in the tubing. The nurse can encourage the blood to continue to flow by 'milking' the line which forces the blood through. A blood clot in the needle cannot be removed by milking. If your blood clots in the needle, we will need to start again with a new venesection pack.

- **Bruising / bleeding:** When the needle is inserted it may be uncomfortable and when it is removed it may bleed which can cause a bruise. The bruise should disappear in a few days. Avoid heavy lifting with that arm for 24 hours post the procedure which will reduce the chance of any further bruising.
- **Scarring from long-term needle insertion:** If you have venesections over a long period of time, you may notice some scarring at the needle insertion sites. We will use alternative veins to reduce the chance of this happening. Unfortunately scarring at needle sites is irreversible.

Alternatives

Your doctor 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 medical condition.

Post Procedure

You will be asked to rest for a short time after the procedure to ensure you are feeling well and there is no bleeding. You will be given a drink to help replace lost fluid in your body and your blood pressure will be re-checked.

You may have some slight discomfort and bruising at the site for a few days, which you can ease with painkillers such as paracetamol.

Leaving Hospital

We would advise against driving after your first venesection so you may need someone to collect you. After your first one you should know how you feel and there is no reason why you should not drive providing you feel well enough.

Once you get home it is important to rest for the remainder of the day and drink plenty of fluid. Your bandage should not be removed for two-four hours.

You must contact the area where you had your procedure or your GP if you experience any bleeding once you are at home that will not stop, or if you experience any severe or persistent pain.

What happens to the blood afterwards?

The blood we take from you will be disposed.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions or queries, please contact:

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