

Blood Transfusion Team

## Blood Transfusion

Information for parents and carers

### What is a blood transfusion?

Blood contains a number of components, which may be lost because of bleeding or because the body is not able to make enough of them. They can be replaced through a small plastic tube into a vein using products obtained from blood donors. Transfusions can help carry oxygen around the body, reduce bleeding and fight infection.

### Will your child need a blood transfusion?

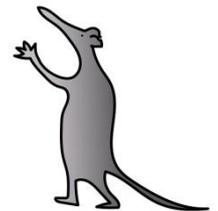
Occasionally, in a life threatening situation, a transfusion may need to be given without formal consent being taken. Normally, a transfusion will only be given if it is essential for your child's health and only after careful consideration by your child's doctor and discussion with you. Your child's doctor or nurse will explain to you why your child may need a transfusion and what alternative treatments are available. You will be asked to sign a consent form agreeing to your child receiving a transfusion.

### Can you donate blood for your own child?

The short answer is no, because there is a risk the transfused cells can react against a close relative's body, there may be a need for repeated transfusions which need additional donors and family members would not be screened for infection in the same way as donors through the Blood Service.

### What are the risks from a blood transfusion?

Infections are very unlikely due to the careful selection of blood donors and their testing for blood borne infections. The risk for Hepatitis B is less than 1 in 1.2 million, for HIV less than 1 in 7 million and for Hepatitis C less than 1 in 28 million.



There is no test for variant Creutzfeldt-Jakob disease (vCJD or mad cow disease) but there have only ever been 5 cases probably caused through blood product transfusion since 1986 and none since filtering of all blood donations at collection was introduced in 1999. Despite this very low risk, anybody who has received a blood transfusion since 1980 cannot be a blood donor in the future.

For the 2.3 million transfusions in 2018, significant allergic reactions affected only 60 cases, reactions causing red cell breakdown and jaundice affected 4 cases and the wrong product being given due to errors in matching occurred in 4 cases. Minor reactions with temperatures or a rash happen more frequently but are not serious or dangerous to your child's health.

### What can be done to reduce my child's chances of receiving a blood product transfusion?

By ensuring your child has a well-balanced diet with good amounts of iron before they come to surgery you can help avoid transfusions. <https://nhsbtbde.blob.core.windows.net/umbraco-assets-corp/14666/iron-in-your-diet-october-2018.pdf>. If your child's blood tests from their assessment clinic show they are short of iron, they may be prescribed a course of iron replacement medicine to take at home.

Other medicines that your child is taking may increase the risk of transfusion and may need to be stopped before surgery. Your child's surgical team will discuss this with you.

The theatre team will use other techniques where possible to reduce blood loss and the need for transfusion.

If you have any further questions, please feel free to discuss them with your clinical team prior to giving your consent.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

Alder Hey Children's NHS Foundation Trust  
Alder Hey  
Eaton Road  
Liverpool  
L12 2AP

Tel: 0151 228 4811  
[www.alderhey.nhs.uk](http://www.alderhey.nhs.uk)

