

Having a venesection

Haematology Team Patient Information Leaflet

Introduction

This leaflet is for people who are considering having a venesection. It gives information on what a venesection is, what the benefits and risks of it are and how it is carried out.

What is a venesection?

A venesection is a quick and simple way to reduce the number of red blood cells or ferritin (iron) in your blood. It will reduce the amount of blood in your body by removing about one pint (570mls) of blood at a time. It is similar to the procedure used for donating blood.

Why do I need a venesection?

You have been diagnosed by a haematologist (doctor specialising in blood) or a gastroenterologist (doctor specialising in digestive system) with one of the following conditions:

- Polycythaemia (too many red blood cells)
- Haemochromatosis (too much iron/ferritin)

What are the benefits of a venesection?

When the number of red cells in the blood is increased, blood flowing around your body can become sluggish. This can then increase the chance of developing problems such as a thrombosis (blood clot), a stroke or a heart attack. Removing the extra cells reduces the risks.

Too much iron/ferritin in your body, known as iron overload, can cause unpleasant symptoms. If it is not treated, this can damage parts of the body such as the liver, joints, pancreas and heart.

The removed blood includes red blood cells that contain iron, and your body will use up more iron to replace them, helping to reduce the amount of iron in your body.

What are the risks?

Most people can lose around 570mls of blood without any side effects or risks. Occasionally, people can feel faint or faint during or after the venesection. Eating and drinking normally before the procedure can help minimise this. Try to drink plenty of fluids before your appointment.

If you do feel faint, or actually faint, we may put a cannula into a vein in your arm or hand and give you some saline fluid.

What are the alternatives?

Your consultant has recommended this treatment as being the best option. Any alternative(s) to this treatment will have been discussed with you as they depend on your individual circumstances and medical condition. If you would like more information, please speak to your consultant or specialist nurse.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment depend on your individual circumstances and medical condition. If you would like more information, please speak to your consultant or specialist nurse.

What should I do before the procedure?

If you take tablets to manage blood pressure, please do not take them on the morning of venesection. You can bring them to the appointment and the nurse will advise you when to take them.

Drink plenty of fluids before the appointment.

What happens during the procedure?

The nurse will check your blood pressure and assess your veins. They will apply a tourniquet to your arm to help the veins stand out. The nurse will clean your skin and insert the needle from the venesection pack and secure it with tape.

Once the blood is flowing, the tourniquet may be loosened slightly. Once enough blood has been collected, the nurse will remove the needle. They will place a dressing on the site of the needle and apply pressure to help minimise bleeding and bruising.

What happens after the procedure?

We offer you a drink and ask you to rest for 10 minutes before going home.

We advise you not to drive after your first appointment. However, you could drive after venesections once you know how you feel and if you feel well enough.

How long does it take?

This can vary but usually it takes between 15 to 20 minutes. Please note there may be a delay before the venesection starts due to waiting times in the day case unit.

How often does it need to be done?

This varies depending on your condition and your consultant will discuss with you how often you will need the procedure. You will have blood tests regularly to monitor the effectiveness, and before the venesection to check whether the procedure should be performed.

Does it hurt?

It can be uncomfortable for a few seconds when the needle is inserted.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

C4 Georgina Day Case Unit on 01384 244028

Haematology Clinical Nurse Specialists on 01384 456111 ext. 2453 (8am to 4pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/haematology/>

If you have any feedback on this patient information leaflet, please email patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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