

What is blood component therapy?

Blood component therapy is also known as blood transfusion.

When a blood donor donates blood, this blood is called 'whole' blood. This whole blood can be divided into many different components or parts. This is important because not all people who need a transfusion require the red cells. Some patients need platelets, while others may need plasma. These parts of whole blood are known as components.

What do the different blood components do?

Red cells: blood cells that carry oxygen to body cells.

White cells (Leukocytes): blood cells that protect the bloodstream from bacteria and help the body fight infections.

Platelets: blood cells that help control bleeding by helping the blood to clot. They act like little plugs to block blood from escaping from the blood vessel.

Plasma: made up of 92% water, 7% protein and 1% minerals, plasma is the source for gamma globulin, albumin and clotting factors.

Why may I need a blood component transfusion?

If you are going to have an operation where there is a likelihood of some blood loss, your doctor may decide that a blood test called a 'Group and Hold' is required.

A sample of your blood for a 'Group and Hold' blood test is collected either in the Pre-admission Clinic or in the Pathology Department.

This blood sample is then sent to the hospital Blood Bank, where tests are performed and your blood type determined. If requested by the doctor, donated blood is checked and set aside to be used if needed during or after your operation. You will only be given a blood transfusion if your doctor believes that this would be of benefit to you in your recovery.

Note: In some hospitals, the 'Group and Hold' blood test may also be called a 'Test and Screen' blood test.

Is it safe for me to receive donated blood?

In Australia, blood donated by volunteers is very safe, although as with any other treatment, there are risks.

- Volunteer donors (people who donate blood at the Red Cross Blood Bank) are checked carefully and anyone who may pass on an infectious disease is not allowed to donate blood.
- Donated blood is also checked for viruses and other germs, which may be carried in blood products and could possibly make you sick.

- Statewide surveillance systems are also in place to respond to any potential risks to the blood supply.

What are the alternatives to a blood transfusion?

In certain situations, the best treatment for large blood loss is having a blood transfusion. However due to public concerns about the risks of receiving blood component therapy, alternatives to blood component therapy are continually being developed, such as:

- Different surgical techniques (ways to do an operation) where there is less blood loss
- New blood component transfusion guidelines that help to cut down on the number of unnecessary blood transfusions.
- Use of new medicines to reduce need for blood component transfusions.
- *Autologous transfusion*, where the patient's own blood is collected before surgery (usually weeks in advance) and then given back to them if they need it during or after the operation. Discuss this with your doctor, as not everyone is suitable for this type of donation.

Some questions to ask your doctor or other health care professional about your need for blood component therapy.

Why might I require blood component therapy?

As blood component therapy is used in so many different situations, it is best that you ask your doctor about the need for this in your particular case.

What are the possible risks of blood component therapy?

As no treatment is without risks, it is important that any possible risks in your situation be discussed with your doctor.

Are there any alternatives to blood component therapy, which could be used in my case?

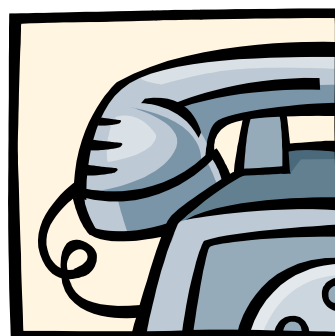
In some cases alternatives to blood component therapy may be appropriate. Ask your doctor if this is so in your case.

Do I have to get a blood component transfusion?

Just because you have had a 'group and hold' blood test, does not mean that you are definitely going to get a blood transfusion. The doctor will only order the transfusion to go ahead if he believes it is in your best interest.

In some cases (mainly due to religious beliefs) patients may refuse to have blood component therapy, and this is their right. In these cases the patient's recovery may be slower or they may get sicker. All of this will be explained to you by the doctor.

For any other information regarding this brochure please contact:



Transfusion Nurse
Bendigo Health

Ph: 5454 9091



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BLOOD
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Helping you to understand
why you may need a
blood transfusion.