

If you have additional questions about your options for blood transfusion, please ask your doctor. Information also can be obtained by calling your local community blood center or hospital blood bank.

References:

1. Stramer SL, Glynn SA, Kleinman SH et al. "Detection of HIV-1 and HCV infections among antibody-negative blood donors by nucleic acid-amplification testing." New England Journal Medicine vol 351, pp.760-768, August 2004.

* The risk estimates were adjusted to include first time and repeat blood donors.

2. U.S. Department of Transportation's Fatality Analysis Reporting System website 2003 data:

http://www.hwysafety.org/research/fatality_facts/general.html.

This brochure is provided as a source of information and is not to be considered a replacement for the **Informed Consent** process prior to the transfusion of blood.

This brochure was developed by the
California Department of Health Services
Laboratory Field Services
850 Marina Bay Parkway
Richmond, CA 94804

In partnership with the
Medical Technical Advisory Committee
of the Blood Centers of California.

For information about brochure contents,
please call Laboratory Field Services
(213) 620-6574

Distributed by the
Medical Board of California

There is no charge for a single copy.
For a bundle of 25, please send a
check for \$5 (inclusive) payable to:

Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, California 95825-3236

For a single copy, Fax your request to:
(916) 263-2479

This information may be obtained
electronically at:

www.medbd.ca.gov/Pubs_Bloodtransfusion.htm

(Revised 6/06)

A Patient's Guide to Blood Transfusion



**California Department of
Health Services**

June 2006

If you need blood, you have several options. These options include receiving blood from the community, using your own blood (autologous), or blood from donors that you have selected (designated donors). Your options may be limited by time and health factors. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

It is important to weigh the risks, costs and benefits of donating your own blood before surgery. Many elective surgeries do not require blood transfusions. If you have questions about transfusion needs or options, please ask your doctor. Check with your insurance company about your costs for donation. If you choose not to donate your own blood, or if more blood is required than expected, you may receive blood other than your own.

Community Donors. Hospitals maintain a supply of blood from volunteer (unpaid) community donors to meet transfusion needs. Community blood donors are screened by a thorough medical history, and then tested with the most accurate technology available.

Our nation's blood supply is very safe and high in quality. Nothing in life is risk free; however, the risks associated with blood transfusions are very small. The chance that a unit (pint) of blood will transmit

Human Immunodeficiency Virus (HIV) (the virus that causes Acquired Immunodeficiency Syndrome (AIDS)) or hepatitis C is about 1 in 2 million. The chance that a unit (pint) will transmit hepatitis B is less than 1 in 200,000.^{1*} Although the risk for other serious infections exist, that risk is much less than the annual risk of dying in a motor vehicle accident in the United States (1 in 7,000).²

Using your own blood – Autologous Donation. Using your own blood (autologous) can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Patients who donate their own blood before surgery have lower blood levels at the time of surgery and, therefore, have a greater chance of needing transfusions during or after their surgeries. Autologous blood donations are not an option for all patients. It may not be safe for you to donate. Ask your doctor if autologous donation is appropriate for you.

Donating BEFORE Surgery. Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is important.

Donating DURING Surgery and/or After Surgery. Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is shed and discarded during surgery could be collected, processed, and returned to you. A large volume of your blood can be recycled in this way.

Blood that is lost after surgery may be collected, filtered, and returned to you.

Designated Donors. Although the blood supply today is very safe, some patients prefer to receive blood from people they know – “designated (or directed) donors.” This blood is not safer than blood from volunteer community donors. In some cases it may be less safe because donors known to the patient may not be truthful about their personal history. Blood donated by someone who was recently exposed to HIV or other infections could pass the screening tests, and infect you.

Designated donors must meet the same requirements as community donors. Several days notice is required for the additional processing of designated donors.