Therapeutic venesection

Information for you

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This leaflet gives your information on therapeutic venesection, and explains the risks and benefits of the procedure.

What is a venesection?
Venesection is when a trained nurse or doctor removes approximately 450 millilitres (ml) of blood from your circulation. This is the same procedure as when someone donates blood.

Why do I need a venesection?
Venesection is used to treat haematological (blood) conditions such as:

- **Polycythaemia:** This is when you have an increased number of red blood cells in your circulation that can make your blood become too thick and causes the flow to become sluggish. This condition can increase your chance of developing problems such as a thrombosis (blood clot). By performing a venesection this risk is reduced.

- **Genetic haemochromatosis:** This condition causes excess iron to gradually accumulate in the body’s organs, joints and other tissues. If left untreated, this can lead to serious damage. A venesection of 450ml of blood can remove approximately 200 milligrams (mg) of iron. This helps to reduce the body’s iron stores, reducing the risk of iron overload and tissue damage.
Are there any alternative treatments?
You and your consultant will have discussed any alternative options, which will depend on your individual circumstances and medical condition. Your consultant has recommended this treatment as being the best option for you.

Before you come for your venesection
You should tell the nurse or doctor performing the venesection if:

• you are taking any medication to help thin your blood
• you are taking any medication to help control your blood pressure
• you are frightened of needles
• you have a heart condition
• you have any allergies, especially to skin cleaning products or tape
It is very important that you tell the nurse or doctor if any of these apply to you, as we may need to take special precautions to ensure you remain well throughout the procedure.

We also advise that you have something to eat before the procedure and try to drink two to three litres of fluid the day before coming for the venesection.

If you drive yourself to the appointment, it is crucial that you feel well before you drive home. You may prefer to bring a relative or friend with you for the first few visits to escort you home.

**How is a venesection performed?**

The nurse or doctor will ask for your verbal consent before the procedure and will be happy to answer any of your questions.

You should make yourself comfortable on the couch, so that we can check your blood pressure and pulse are within the normal limits.

The nurse will examine your arms to assess the best vein to perform the venesection and will clean the area. The nurse will place a tourniquet on the upper part of your arm. This will be tightened slightly, while the needle (attached to a venesection pack) is inserted into the large vein at the bend of your elbow. The needle will be held in place with tape. You should not bend your arm during the procedure.
Once the blood starts flowing into the bag, you will be asked to squeeze your hand as this helps with the blood flow.

When enough blood has been collected, the nurse will loosen the tourniquet and remove the needle. The nurse will place a piece of gauze and a pressure bandage on the area. This helps to reduce any bruising or bleeding. You will not need a local anaesthetic for this procedure.

**How long will the procedure take?**

The procedure takes approximately 15 minutes. However, you should rest for at least 20 minutes after the procedure.

**Blood pressure monitoring**

Blood pressure monitoring is an important part of the venesection procedure. If your blood pressure is too high when you come for venesection, we will ask you to rest for ten minutes before we check it again. If it is still high, we may need to use a different procedure to obtain the blood. This procedure is called an isovolaemic venesection. This will depend on your clinical condition and the results of your blood results. If you are taking Beta-blockers, ACE inhibitors and your blood pressure is raised or you have cardiac disease, we will perform an isovolaemic venesection. This is necessary to prevent extra strain on the circulatory system.
Isovolaemic venesection

Before the venesection, the nurse will insert a small cannula (needle) into a vein in your arm, and 250ml of Sodium Chloride 0.9% (salt water solution) is given by intravenous infusion (a drip). Towards the end of the drip, the venesection will be performed from a vein in the opposite arm as described.

At the end of the isovolaemic venesection, the nurse will remove the needles from your arms and apply swabs to the sites.

How often will I need venesection?

If you have Polycythaemia you will need regular blood tests and venesection as required. This may be as often as every one or two months, or every six months depending on your condition.

If you have Haemochromatosis, you will need very regular (every one or two weeks) venesections, until your iron levels reduce down to the required target. Once your target is achieved, we will monitor you every three months.

Are there any side effects of the venesection?

As your body soon replaces the fluid removed, most people can lose around 450ml of blood without any noticeable effects.
Most people can carry on as normal following their venesection, but a few do report feeling tired for a few days following the procedure.

However, some more serious side effects may occur, such as:

- **Fainting:** Occasionally people feel faint during or after the venesection. If this happens, you should lie flat on the couch with your feet up. The nurse will check your blood pressure to assess your condition and once you feel better, you should sit up and have something to drink. The nurse will ask you to rest on the couch until you feel well enough to leave the department. To reduce the risk of fainting, it is important that you have a meal and plenty to drink before the procedure. After the procedure you should avoid any strenuous activity and avoid smoking for at least two hours. If you faint persistently, you may need to have intravenous fluid replacement through a drip during the procedure.

- **Bruising or bleeding:** There is a risk that you will develop a bruise at the site where the needle was inserted. Following the procedure a pressure bandage will be applied. You should leave this in place for at least two hours after the procedure. You should avoid any heavy lifting with that arm for the rest of the day.
If you bleed after the bandage has been removed, apply firm pressure to the site with a clean tissue or gauze until it stops.

- Pain: Venesection is not normally painful, but you may experience some discomfort when the needle is inserted and removed.

Occasionally, and unavoidably, it is possible that the needle could hit a nerve which will cause some pain, or give you pins and needles in your hand or arm. It is important to tell the nurse if this happens, so that the needle can be removed.

**Further advice**

If you are worried or concerned about your condition or treatment, or you require further advice, please do not hesitate to contact us on the numbers below:

Haematology Day Unit at University Hospital Ayr
Telephone: 📞 01292 610555 extension 14831

Charge Nurse:           Wendy Byars
Day Ward Secretary:    Margaret McKelvie extension 14767

Haematology Secretary: Margaret Warren extension ☏ 14789
Haematology Day Unit at University Hospital Crosshouse

Telephone: 📞 01563 827917

Charge Nurse: Kendall Davidson

Day Unit Secretary: 📞 01563 827856

Haematology Secretary: 📞 01563 827416

Please note that these numbers are only available on Monday to Friday from 9am to 5pm.

The following websites may also be useful.

rieved www.lrf.org.uk

rieved www.haemochromatosis.org.uk
Further information

We aim to provide an excellent service at all times. However, if you have any concerns, please speak to the senior nurse on duty.

If they cannot resolve your problem, please contact our Patient Relations and Complaints Team on ☏ 01292 513620.
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