

# Venesection

Your doctor has asked the nurses to treat your condition by **venesection**.

Venesection means removing approximately a pint of blood, in much the same way as a blood donor donates a pint of blood.

Venesection is used to reduce the number of **red cells** in your blood, or to reduce the amount of **iron** in your body, depending on your underlying medical condition.

## Why do I need venesection?

Venesection is used to treat various medical conditions, including amongst others, **Polycythaemia**, **heart and lung** problems, and **Genetic Haemochromatosis**. The reason why this treatment is recommended for you should be explained to you by your consultant or specialist nurse before you start treatment.

## What are the benefits of venesection?

Please refer to the patient information about your specific condition for further information about the benefits of venesection.

## Are there any alternative treatments?

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.

## How is treatment carried out?

Venesection is carried out on a bed, or a reclining chair, so that your feet are up but you are in a sitting position.

A tourniquet will be placed on the upper part of your arm and tightened slightly whilst a needle is inserted into one of the large veins in the inner bend of your elbow. The needle has a tube attached leading to a bag that can hold about 450ml (1 pint) of blood. Once blood is flowing freely, the tourniquet is loosened slightly. You will be asked to squeeze a ball with your fingers to help the blood flow into the bag.

Once we have taken enough blood the needle is removed. We will place a cotton wool ball on the place where the needle went in, and ask you to press on it for a few minutes. This helps to prevent subsequent bruising or bleeding. We will then bandage your arm up fairly tightly. You will be given a drink, and asked to stay on the bed/chair for 10 minutes before going home.

## How often is this done?

How often this is done depends on your medical condition and your general state of health. Your specialist nurse should explain to you how often you will need treatment.

## How much blood do you take at a time?

We usually take around one pint, or 450ml from a woman or smaller man, and about 500ml from an average sized man.

For those who are very light in weight (less than 49kg or 7½ stone) or are unable to tolerate having this much removed at once, we will take about 350ml.

## Are there any potential problems?

Unlike blood donors, who are excluded from giving blood if they have medical problems, or if they are under 7½ stone (49kg) in weight, we venesect everyone who needs it. This is because it is a treatment for a medical condition.

If any of the following apply to you, you must make the nurse performing the venesections aware **before venesection takes place**:

- If you are taking Warfarin.
- If you are taking beta-blockers (drugs which control blood pressure).
- If you weigh less than 7½ stone (49kg).
- If you have previously fainted or felt unwell after a blood test or venesection.
- If you are frightened of needles.
- If you have any serious heart condition.

We may need to take special precautions to ensure that venesection can be carried out safely if any of the above applies to you.

## Are there any side-effects?

Most people can lose around a pint of blood without any noticeable effects. Your body soon replaces the fluid removed.

### Fainting

Occasionally people feel faint after venesection. If this happens we will lay you down flat and give you extra fluid to drink. This will make you feel better after a few minutes.

You can minimise the chances of feeling faint by following this simple advice;

- Always make sure you have your **normal meals** before coming for treatment, as you are much more likely to faint if you are hungry.
- Avoid strenuous **exercise** for a few hours after venesection.
- **Do not smoke** for at least 2 hours after venesection.

If fainting is a persistent problem, we may lie you completely flat for your venesection, or give you fluid via a drip into a different vein during the procedure.

### Bruising or bleeding

Occasionally people get a bruise at the site where the needle went in. You should keep the bandage on for a couple of hours after venesection and avoid lifting anything heavy with that arm for the rest of the day. If bleeding occurs at the site, press on it firmly with a clean tissue for a few minutes.

### Pain

Venesection is not normally painful, but it is slightly uncomfortable when the needle is inserted. If you are very anxious or frightened of needles we can give you some special cream to put on before you come for treatment. This cream makes your skin numb so you can't feel the needle.

## Are there any serious risks?

Fortunately there are very few serious risks of venesection, and those are very rare.

### Heart problems

People on beta-blockers or with certain types of heart condition are at risk of heart problems during venesection, with potentially serious consequences. To prevent this we give an equivalent volume of saline via a drip into a different vein during your venesection.

### Nerve damage

It is possible to damage structures near the veins such as nerves during venesection. If we hit a nerve it will be painful, or you may get pins and needles in your arm or hand. Nerve damage can be serious enough to need surgery, so it is important to tell us if you get any signs that we might have caused nerve damage. Fortunately this is a very rare complication.

## Can I be a blood donor instead?

Although there is nothing wrong with your blood, it gets thrown away. Collection of blood by donation is founded on the principle that each donor gives blood as a volunteer. **As you require venesection to treat your medical condition, you are not a volunteer, and so you can not be a blood donor.**

However, under certain circumstances, patients with Genetic Haemochromatosis may become blood donors. Please talk to your specialist nurse about this if you require further information.

## Other information

Further information about Genetic haemochromatosis, and its treatment is available on the Haemochromatosis Society's website: [www.haemochromatosis.org.uk](http://www.haemochromatosis.org.uk)

Further information about Myeloproliferative disorders (including Polycythaemia Rubra Vera) and their treatment, can be found on the Leukaemia Research Fund's website: [www.lrf.org.uk](http://www.lrf.org.uk)

If you have any questions, or require further information  
please contact your Haematology Specialist Nurse  
on 07799 337762 / 07879 115881 or the  
Liver Nurse Specialist on 07500 976463.  
Monday to Friday, 9.00am to 4.30pm.

NHS Direct is a 24 hour nurse led, confidential service providing  
general health care advice and information.  
Telephone 0845 4647 or visit the website at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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