

## **Special Blood Collections: Information for Patients, Donors, & Physicians**

### **AUTOLOGOUS DONATION: Donating Blood For Yourself**

#### **Potential Benefits**

Autologous donation can provide reassurance to patients concerned about blood risks. Donating your own blood can prevent some (but not all) risks of blood transfusion. The risks that are minimized or avoided include: the risk of obtaining a transfusion-transmitted disease (including HIV or Hepatitis B and C) and, the risk of forming antibodies to the blood of other persons. For patients who already have certain antibodies to blood, autologous donation is a way to obtain compatible blood. It is recommended that you begin donations 4-6 weeks prior to your surgery.

#### **Risks**

Autologous blood has the same risks as community blood with respect to ABO blood group typing errors and bacterial contamination of blood. You may require blood in addition to the units you donate for your procedure. In the event you do require more blood, you will receive blood from the blood bank. By donating autologous blood, you may be more likely to require blood transfusion because of perioperative anemia related to blood collection. Despite our careful efforts, there is the chance that the unit(s) you donate may not be available at the time of your surgery if they are damaged or mishandled when transferred to UNC Hospitals Transfusion Medicine Service.

### **DIRECTED BLOOD DONATION: Choosing Your Own Blood Donors**

#### **Potential Benefits**

Directed Donation permits patients to select blood donors for planned or potential transfusion needs. Patients who are not able to donate their own blood (autologous) or do not wish to receive blood from the community supply may consider directed donations. Directed donations can be medically necessary in special circumstances.

#### **Risks**

There is currently no medical evidence that blood from directed donors is safer than blood from community volunteer donors. In fact, there is evidence to suggest that it is less safe, particularly in regard to the chance of transmitting hepatitis. Directed donors may feel pressure to donate and may be reluctant to reveal high-risk behavior or other medical history that would disqualify them as blood donors. By requesting directed donors, the patient is relying on his/her own choice of donors rather than on the blood collection center's donor selection procedures.

There are several reasons why directed donations from the relatives or spouse of a patient may be medically unwise:

- Transfusions from family members may result in the development of unwanted antibodies in the transfusion recipient. If the patient requires an organ or bone marrow transplantation in the future, the possibility of finding suitable donors in the family may be compromised.
- Adverse reactions from unexpected antibodies may occur with transfusion of blood from parents to their children, particularly if the child is a newborn.
- Women of childbearing potential should not receive blood transfusions from their spouse or their children since the risk of hemolytic disease of the newborn in future pregnancies would be substantially increased.
- The risk of graft versus host disease, which is potentially fatal, is much higher with transfusion from a relative. Therefore, all directed donor blood is irradiated to prevent this complication.

IN ADDITION, PLEASE NOTE:

- 1) The directed donation process requires seven business days in most cases. The Transfusion Medicine Service cannot guarantee that directed donations will be available for use if blood is required.
- 2) All directed donations will be subject to blood screening tests. Directed donor product(s) will not be available to the patient if the donor is ineligible, has abnormal blood screening tests, the unit is damaged, or the unit is found to be incompatible when cross-matched to the intended recipient.
- 3) The Transfusion Medicine Service can not release any information to the patient about donors whose blood was found to be unsuitable. This is done to protect donor confidentiality.

#### **Additional Information Regarding Autologous and Directed Blood Donations**

- Autologous and Directed Donations that are not used by the patient will be destroyed and can not be transferred to the community blood supply.
- Charges for autologous and directed donations will be billed to the patient at the time of collection. These charges may or may not be covered by the patient's insurance. Charges are incurred whether or not the patient uses the donated units.
- Autologous donors may consider alternatives to increase red blood cells such as iron supplements and /or erythropoietin.

**IF YOUR SURGERY DATE CHANGES, THE BLOOD BANK (966-8462) MUST BE NOTIFIED TO PREVENT DISCARD OF THE UNITS.**

Please contact your physician if you have additional questions.