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Change Notification for the UK Blood Transfusion Services

Date of Issue: 18 April 2024

Implementation: to be determined by each Service

No. 12 - 2024

Ankylosing Spondylitis and Eye Disease

This notification includes the following changes:

	BM-DSG	CB-DSG	GDRI	TD-DSG	TL-DSG	WB-DSG	Red Book
	Bone Marrow & Peripheral Blood Stem Cell	Cord Blood	Geographical Disease Risk Index	Tissue – Deceased Donors	Tissue – Live Donors	Whole Blood & Components	Guidelines for the BTS in the UK
1. Ankylosing Spondylitis							
2. Eye Disease							

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Changes are indicated using	g the key below. This formatting	will not appear in the final entry.
original text	«inserted text»	deleted text
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1. Changes apply to the **Deceased Tissues DSG**

Ankylosing Spondylitis

(revised entry)

Obligatory	1. Eyes. Must not donate if: «Active ocular inflammation. See Eye Disease entry for more information if the donor had recovered from inflammatory eye disease.» Active uveitis.
	 2. Cardiovascular Tissue. Must not donate if: The cardiovascular system is involved.
See if Relevant	Autoimmune Disease «Eye Disease»
Additional Information	Ankylosing spondylitis can affect the eyes, heart valves and the major artery of the body (aorta).
Reason for Change	«Obligatory section updated to refer to eye disease entry if ocular involvement, Link to eye disease entry added in "See if relevant" section.» <i>Minor changes have been made and a link to 'Autoimmune Disease' added.</i>

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2. Changes to the **Deceased Tissues DSG**

Eye Disease

(revised entry)

Obligatory	1. Must not donate if:
	a) Ocular tissue transplanted.
	b) Malignancy.
	2. Eyes
	a) Active ocular inflammation or infection.
	b) Congenital or acquired ocular disorders or previous ocular surgery that may preclude a successful graft outcome. This includes iridocorneal syndrome and keratoconus.
	c) History of malignant tumours of the anterior segment, or retinoblastoma, ocular metastasis or ocular melanoma.
	d) Past history of ocular Herpes or interstitial keratitis in either eye.
Discretionary	1. Eyes
	a) Past ocular trauma - discuss with medical eye bank advisor.
	b) If a donor has fully recovered from:
	 an isolated past episode of inflammatory eye disease (e.g. uveitis or episcleritis), and the condition is not associated in the donor with other general contraindications to donation, accept.
	 «no more than 3 past episodes of inflammatory eye disease: refer to DCSO for individual risk assessment.»
	c) If a donor has fully recovered from an isolated past episode of scleritis, accept for cornea donation only.
	«d) If a donor is known to have a choroidal naevus which has been diagnosed and followed up in an eye clinic, and no concerns over alternative diagnoses, particularly malignancy, have been raised, refer to DCSO.
	e) Punctate epithelial erosions: if there is no known visible abnormality, accept. (See 'Additional Information' section regarding cornea assessment at retrieval and at the eye bank.)»
	2. Other Tissues:
	If no other contraindication, accept
See if Relevant	Autoimmune Disease



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	Basal Cell Carcinoma
	Central Nervous System Disease
	<u>Glaucoma</u>
	<u>Herpes – Ocular</u>
	Immunosuppression
	Infection - General
	Laser Treatment
	Malignancy
	Ocular Surgery
	Ocular Tissue Recipient
	Steroid Therapy
	Tissue and Cell Allograft Recipients
Additional Information	For donors with a past history of inflammatory, infectious or traumatic ocular conditions, relevant clinical records, especially ophthalmology records, should be reviewed.
	«Choroidal naevi are common, benign melanocytic lesions of the posterior uvea. It is important to confirm that they have been diagnosed and monitored in an eye clinic.
	Punctate epithelial erosions develop commonly due to a diminished lid reflex, especially in ventilated patients. Corneas must be deferred from clinical use if they are visibly abnormal. Corneas can be accepted for endothelial keratoplasty (EK) if they pass assessment at retrieval and in the eye bank.»
Reason for Change	«'Discretionary' and 'Additional Information' sections updated regarding inflammatory eye disease, choroidal naevus and punctate epithelial erosions.»