The Leeds Teaching Hospitals NHS
NHS Trust

The Management of Difficult Cases

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Anti-U

First sample through A&E 8/9/15

- Group O POS
- Antibody Screen positive

Antibody panel positive – with everything!

- ? Pos DAT – no
- Extra tests – all positive
- Patient had been discharged so sample went to NHSBT

Anti-U

NHSBT Report:

- Anti-Jka
- Anti-U
- Blood suitable for this patient may not be ready available and may need to be supplied from the National Frozen Bloodbank.
- IT IS ESSENTIAL TO NOTIFY US AS SOON AS A REQUIREMENT FOR BLOOD IS ANTICIPATED FOR THIS PATIENT

Anti-U

- The U antigen is a high incidence antigen, occurring in more than 99.9% of the population.
- The U was originally short for "Universal", though this is not the case.
- U negative RBCs can be found in people of African descent.
- Anti-U has been associated with both haemolytic transfusion reactions and haemolytic disease of the newborn.

Anti-U

Clinical details emerged:

- Pregnant lady
- Twins
- HbS carrier so Hb <100 g/L

Initial enquiries regarding availability of blood:

- Frozen units are available in Liverpool but these would prob take approx 6 hours to defrost & transport to lab.
- Shelf life of frozen thawed units is 72hrs.

Anti-U

NHSBT advice:

- In the event of a major haemorrhage with no antigen neg units available, ABO matched Rh and K compatible and JKa neg units should be given for resuscitation with IV methylprednisolone 1g cover. Monitor patient closely.
- MDT meeting arranged
- Surrounding Blood Banks informed

Anti-U

- Management of delivery:
- Obstetric theatre or vascular theatre?
- Cell salvage availability
- ?consent for LSCS – more manageable but more likelihood of blood loss
- Compliance issues, availability of samples, disruptive, unable to obtain US information - ?HFDN

Anti-U

Week 37 :

- Currently there are NO U- JKa- units available at frozen bank or as liquid units with NHSBT.
- 1 suitable donor found – already donated in Jan
- XM 6units O POS JKa- in blood bank (they would be incompatible - issued with comment ‘for clincial trial only’) .
- Use units on ‘specials’ shelf in a haemorrhage situation only.

Anti-U

- Day of delivery:
- Lab:
    - Leave cancelled.
    - Samples received, incompatible units issued.
    - Sit & wait.
- Delivered normally. EBL was only 300mls with very active management of the 3rd stage and both babies were well at birth & decent weights – Dr Janet Wright.

Placenta Percreta/Praevia

- Pregnant patient presented with PV bleed A&E DGH
- US showed pregnancy was located in previous LSCS uterine scar
- Poor patient counselling lead to her preceding with pregnancy (should have been treated as ectopic)

Placenta Percreta/Praevia

- 23 weeks gestation PV bleed again
- Transferred to LTHT
- US showed placenta had grown through LSCS scar, around uterus & attached to bowel & bladder
- Group O NEG with prophylactic Anti-D
- Blood Bank found out ‘by accident’

Placenta Percreta/Praevia

- 4 units crossmatched constantly on standby
- G&S sample authorised by Haematology Consultant to be valid for 7 days rather than 72 hours
- Risk higher from lack of blood than forming alloantibody
- Clinical area providing samples every 7 days & blood crossmatched regularly

Placenta Percreta/Praevia

- Planned laparotomy c-section with hysterectomy 17/5/17 (28 wk gestation)
- Products ordered:
- 12 units O neg
- 8 FFP
- 3 Platelets
- Riastap
- Authorised to then issue O POS

Placenta Percreta/Praevia

- Placental abruption 14/5/17 (Sunday)
- Total issued:
- 8 red cells
- 6 FFP
- 3 platelets
- 4 Riastap
- Wastage: 4 red cells, 2 FFP
- Mum & baby did well

Conclusions

- You can never be too prepared.
- You may need to consider ‘bending’ the rules. Risk assess the clinical situation.
- Each situation is different so there is no ‘one size fits all’ solution.
- Keep communication channels as open as possible. Ask what is happening!