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#### Change Notification UK National Blood Services No. 39 - 2021

# Kidney and Bladder Disease, and Urinary Catheterisation

These changes apply to the Whole Blood and Component Donor Selection Guidelines

# **39.1 Kidney and Bladder Disease**

Please amend the following sections of this entry:

3. Infection	
Obligatory:	Must not donate if: a) Has active infection b) Under investigation c) On antibiotics to prevent urinary tract infection
See:	Infection - General
Discretionary:	If the donor has taken takes a single dose of an antibiotic after sexual intercourse to prevent urinary tract infection, is symptom-free on the day of donation, and does not have an underlying condition that prevents donation, accept.
See if relevant:	Antibiotic Therapy
Additional Information:	Donors may be taking prophylactic antibiotics long-term or as single post- coital doses. Anatomical anomalies within the urinary tract can make individuals more prone to recurrent infections. If a donor is accepted in accordance with the Discretionary guidance above, the importance of informing the relevant blood service of symptoms suggestive of urinary tract infection occurring within 14 days of donation must be emphasised with the donor.
	Donors on long-term antibiotics may have ongoing urinary tract infection without having any symptoms. As an active infection at the time of donation cannot be ruled out, these donors must not be accepted.
7. Interstitial Cystitia	S
Obligatory:	Must not donate if: a) Is Under investigation









	<ul> <li>b) Has an associated condition which would prevent donation</li> <li>c) Has required catheterisation within the last 7 days.</li> <li>d) Has any associated symptoms.</li> <li>d) On treatment with Pentosan polysulfate sodium (Elmiron)</li> <li>f) Has required botulinum injections given out with the NHS</li> </ul>
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Discretionary:	If investigations are complete, there are no associated conditions or treatments such as botulinum injections given out with the NHS which would prevent donation, symptoms are controlled even if on medication other than Pentosan polysulfate sodium (Elmiron), the potential donor has not required catheterisation within the last 7 days and any treatment with Pentosan polysulfate sodium was completed more than seven days ago, accept.
See if Relevant:	Autoimmune Disease Chronic Fatigue Syndrome Complementary Therapy Endoscopy Infection -General Mental Health Problems Surgery Urinary Catheterisation
Additional Information:	Interstitial Cystitis or Painful Bladder Syndrome is a condition which causes chronic or recurrent pain in the bladder and in the pelvic region due to damaged bladder lining or urothelium. The cause is unknown but may be associated with other conditions such as Irritable Bowel Syndrome, Fibromyalgia, Chronic Fatigue Syndrome, Autoimmune Disease and Anxiety Disorder. It may also be caused by traumatic injury to the bladder and precipitated by infection. The diagnosis of IC or PBS is one of exclusion. Treatment can be through diet modification, bladder training techniques, exercise and stress management. It can include oral medication with analgesics, antidepressants, and Cimetidine. Treatment can also be with Pentosan polysulfate sodium (Elmiron) which can be associated with increased bleeding and bruising. The condition can also be treated by interventional methods including catheterisation, surgery and botulinum toxin injections. Investigation and treatment can involve cystoscopy. Use of neuromodulation techniques with a transcutaneous electrical nerve stimulation (TENS) machine does not prevent donation.
Reason for Change:	The deferral period following an attack of 'Acute Nephritis' has been clarified. Obligatory and discretionary guidance has been added for Infection, including for donors taking antibiotics to prevent urinary tract infection. Relevant links have been included. For Interstitial Cystitis, Obligatory and Discretionary have been amended to avoid repetition, the relevant links have been updated, and reference to the use of cystoscopy has been added to Additional Information.









A-Z index changes	<ul> <li>Add the following terms as links to the Kidney and Bladder Disease entry:</li> <li>Bladder problems</li> <li>Chronic Nephritis</li> <li>Kidney Failure</li> <li>Renal Failure</li> </ul>
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### **39.2 Self-Catheterization Urinary Catheterisation**

Please amend the title and the following sections of this entry:

Includes:	Self- catheterization, indwelling urinary catheter
Obligatory:	<ul><li>Must not donate if:</li><li>a) Has an indwelling urinary catheter.</li><li>b) It is less than seven days since catheterisation.</li></ul>
Discretionary:	If it is seven days or more since catheterisation, there are no symptoms suggestive of urinary tract infection and the underlying condition does not prevent donation, accept.
See if Relevant:	Kidney and Bladder Disease
Additional Information:	Self-catheterisation is usually needed regularly every day for bladder emptying.
	Catheterisation including self-catheterisation is also used to administer drugs directly into the bladder. It is important to ensure that the underlying condition requiring this treatment does not prevent donation. Denors who need to self-catheterize are Catheterisation is likely to have cause bacteraemia following the procedure. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection. The waiting time after catheterisation is to allow any bacteria that have entered the blood stream to be cleared.
	Indwelling urinary catheters are associated with ongoing, sometimes asymptomatic, urinary infection with the associated risk of bacteraemia. The underlying condition may prevent donation.
Reason for Change:	The 'Additional Information' has been extended. Title changed to allow inclusion of guidance for individuals with indwelling catheters as well as those who undertake self-catheterisation.
	<i>Discretionary</i> guidance to be able to accept some donors who require catheterization periodically has been added, and additional information regarding this has been included.
	A link to Kidney and Bladder Disease has been added.









A-Z index changes:	1.	Retitle the 'Self-Catheterization' entry in the index as 'Urinary Catheterisation'
	2.	<ul> <li>Revise the following search terms for this entry:</li> <li>Self-Catheterization. Replace with 'Self-Catherisation'</li> <li>Urethral Stricture – Needing to Self Catheterize. Replace with 'Urethral Stricture – Needing to Self-Catherise'.</li> </ul>

<ul> <li>'Urinary Incontinence – Needing to Self Catheterize' replace with 'Urinary Incontinence – Catheter'</li> <li>'Urinary Retention – Needs to Self Catheterize' replace with 'Urinary Retention – Catheter'</li> </ul>
<ul> <li>3. Add the following search terms as links to this entry:</li> <li>Bladder - Catheter</li> <li>Catheter – Urinary</li> <li>Urinary Catheterisation</li> </ul>

# 39.3 Antibiotic Therapy

Please amend the following sections of this entry:

See:	If on antibiotics to treat infection: Infection – General
See if Relevant:	If on prophylactic antibiotics: <u>Acne</u> <u>Infection - General</u> <u>Non-Contagious Diseases - Contact With</u> <u>Infectious Diseases - Contact With</u> <u>Splenectomy</u> <u>Kidney and Bladder Disease</u>
Additional information	Treatment with antibiotics is not of itself a reason for deferral but the reason for the treatment may be. When treatment is being given to prevent infection, rather than to treat it, see if there is a relevant entry. If not, discuss with a <b>'Designated Clinical Support Officer'</b> .
Reason for Change:	'Additional Information' has been added for clarity and links have been included to 'Non-Contagious Diseases - Contact With', 'Acne' and ' <del>Splenectomy'.</del> The See if Relevant section has been revised.

# **39.4 Central Nervous System Disease**





Please amend the following sections of this entry:

See if Relevant:	Cardiovascular Disease
	Epilepsy
	Infection - General
	Neurosurgery
	Pituitary Disorders
	Prion Associated Diseases
	Self-Catheterization Urinary Catheterisation
	Steroid Therapy
	Surgery
Reason for Change:	Clarification on dopamine receptor agonist drugs. Clinically Isolated
	Syndrome has been added.
	The See if Relevant section has been revised.

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### **39.5 Decompression Illness**

Please amend the following sections of this entry:

See if Relevant:	Anticoagulant Therapy Cardiovascular Disease Central Nervous System Disease Disabled Donor Epilepsy Investigations Nonsteroidal Anti-Inflammatory Drugs Self-Catheterization Urinary Catheterisation Steroid Therapy Vertigo
Reason for Change:	This is a new entry. The See if Relevant section has been revised.

### 39.6 Disabled Donor

Please amend the following sections of this entry:

See if Relevant	Central Nervous System Disease Self-Catheterization Urinary Catheterisation Neurobehavioral Disorders Spina Bifida
Reason for Change	The acceptability of wheelchair users and donors with shunts and/or catheters has been clarified. The See if Relevant section has been revised.

### **39.7 Neurosurgery**









Please amend the following sections of this entry:

See if Relevant:	Cardiovascular Disease Disabled Donor Indwelling Shunts and Stents Malignancy Prion Associated Diseases Self-Catheterization Surgery	
Reason for Change:	Further links and 'Additional Information' have been added. The See if Relevant section has been revised.	

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### **39.8 Prostate Problems**

Please amend the following sections of this entry:

Obligatory	a) Due to malignancy.
	<b>b)</b> Self catheterizes or has a catheter. The donor has an indwelling urinary catheter, or it is less than seven days since catheterisation.
	c) On treatment with anti-androgens.
	d) Accompanied by infection.
	e) Has been referred to a specialist for investigation of a high PSA (Prostate-Specific Antigen) level.
See if Relevant:	Anti-Androgens Infection-General Malignancy <del>Self-Catheterization</del> Urinary Catheterisation Surgery
Additional Information	Prostate problems become increasingly common as men age. They may cause difficulty in passing water, having to pass water more frequently, or pain and discomfort. Men with benign prostatic hypertrophy (BPH) who do not require treatment, or whose only treatment is with alpha blockers, may donate.
	If they are being treated with Anti-Androgens (dutasteride (Avodart <sup>®</sup> ) or finasteride (Proscar <sup>®</sup> )) special precautions are needed while taking these drugs and for sometime some time afterwards.
	Malignancy must lead to permanent deferral.
	Infection, or the possibility of infection, associated with catheterization catherisation will also lead to deferral. The interpretation of PSA (Prostate- Specific Antigen) levels depends on a number of factors. If the levels were









	thought to have been significantly abnormal, the individual would have been referred for biopsy or other investigations or treatment.
Reason for Change:	This is a new entry. The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.

# 39.9 Spina Bifida

Obligatory	<ul> <li>Must not donate if:</li> <li>a) Has an indwelling shunt.</li> <li>b) Uses a catheter. The donor has an indwelling urinary catheter, or it is less than seven days since catheterisation.</li> <li>c) Has a pressure sore.</li> </ul>
See if Relevant	Anti-Androgens Infection-General Malignancy Self-Catheterization Surgery
Reason for change	A link to 'Surgery' and 'Additional Information' has been added. The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.

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