

Issued by JPAC: 30th August 2022

Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 45 - 2022

Surgery

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

Please amend the following entry.

<i>Definitions</i>	<p>Major Surgery: Any surgical procedure resulting in an inability to return to normal activities of daily living (e.g. routine housework, previous employment and/or driving) for six months or more.</p> <p>Recovery from surgery: Donors can be considered to be recovered if they:</p> <ul style="list-style-type: none"> • are well • are back to activities of daily living (e.g. housework, employment, driving) • have regained mobility <p>Major Surgery for the purposes of donor selection: Any surgical procedure where recovery is not achieved within two months.</p>
<i>Obligatory</i>	<p>Must not donate if:</p> <p>a) For malignancy or other condition that would preclude donation.</p> <p>b) All wounds are not healed.</p> <p>c) There is are signs or symptoms of any infection.</p>

	<p>d) Normal mobility has not been regained. Not recovered</p> <p>e) Less than six four months from major surgery.</p> <p>f) Less than seven days from other surgery.</p> <p>g) Less than four months from any flexible endoscopic procedure.</p> <p>h) Requiring post-operative treatment or attending hospital regularly follow-up, except routine physiotherapy.</p> <p>i) Received a transfusion since 1st January 1980</p> <p>j) If waiting for surgery that is: likely to require a transfusion, or has received a transfusion since 1st January 1980</p> <ul style="list-style-type: none"> • expected to occur within three months, or • required due to possible malignancy <p>k) Less than three months from a surgical procedure performed outside of the UK and Republic of Ireland (ROI).</p> <p>l) Less than seven days after completing postoperative prophylactic anticoagulant treatment.</p>
<p><i>Discretionary</i></p>	<p>a) If for cervical carcinoma in situ (CIN) or basal cell carcinoma and all other criteria are fulfilled, accept.</p> <p>ba) If all other criteria are met and athe donor has received a metal on metal metal-on-metal hip replacement even if being monitored for blood chromium or cobalt levels, accept.</p> <p>b) If the donor is waiting for surgery that is not required for possible malignancy, and:</p> <ul style="list-style-type: none"> • the procedure is not expected to take place within three months, or • the procedure is minimally invasive and it is not expected to take place within one month, <p>accept.</p>

	<p>c) If the donor has recovered from surgery within the UK and ROI, and:</p> <ul style="list-style-type: none"> • it is more than four months since major surgery, or • it is more than seven days since any other form of surgery, and • it is more than four months since a flexible endoscopic procedure, and • there was no malignancy and the reason for surgery does not otherwise preclude donation, and • the donor did not receive a transfusion since 1st January 1980, and • all wounds are healed, and • there are no signs or symptoms of infection, and • the donor has been discharged from postoperative follow-up, and • the donor does not require ongoing postoperative treatment except routine physiotherapy, and • it is more than seven days from finishing any anticoagulant treatment given to prevent postoperative thrombosis e.g. DVT, <p>accept.</p> <p>d) If it is more than three months since a surgical procedure performed outside of the UK and ROI, and all other criteria for surgery performed within the UK and ROI are met (see point c above), accept.</p>
<p><i>See if Relevant</i></p>	<p><u>Anaesthetic</u> <u>Anticoagulant Therapy</u> <u>Cervical Dysplasia</u> <u>Dental Treatment</u> <u>Disabled Donor</u> <u>Endoscopy</u> <u>Eye Disease</u> <u>Malignancy</u> <u>Neurosurgery</u></p>

	<p><u>Tissue and Organ Recipients</u></p> <p><u>Transfusion</u></p> <p><u>Wounds, Mouth and Skin Ulcers</u></p> <p><u>Xenotransplantation</u></p>
<p><i>Additional Information</i></p>	<p>Surgery may cause significant blood loss. It is important that donors waiting for an operation should not be put at risk of anaemia or poor iron stores by donating prior to planned surgery. Unless the type of surgery planned is unlikely to result in significant blood loss the donor should be deferred until after their planned surgery. This will minimize their own chance of needing a transfusion, which would of course prevent them from continuing as a donor. It is also important not to hinder the recovery of the donor. This requires waiting until they are fully recovered before they donate again.</p> <p>This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped the guidance will change.</p> <p>Surgery may place the donor at risk of infection, either from unhealed wounds, or due to infection risks from infected staff or equipment. Although these risks are very small it is important to wait long enough for the risks to have gone or until the tests performed by the Blood Services can pick up any infection that they test for that may have been transmitted to the donor through their surgery. As there may be uncertainty about these risks for surgery performed outside of the UK and ROI, a deferral period of three months is required.</p> <p>Minimally invasive surgery includes superficial skin procedures and procedures performed under infiltration with local anaesthetic agents and/or sedation. This does not include procedures performed under regional anaesthesia (e.g. spinal, epidural) which may be used where joints and major body cavities may be accessed. The use of general anaesthesia may not indicate the invasiveness of a procedure and should not be used as a substitute to</p>

	<p>assessment of the donor regarding the procedure and their recovery. Donors can be accepted for donation once it is more than seven days since a surgical procedure as long as they also fulfil all other criteria. Donors who have had minimally invasive surgical procedures are unlikely to have systemic effects from the surgery requiring recovery time. However, care should be taken to ensure that all wounds are dry and healing. An open wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.</p> <p>Donors being monitored for chromium or cobalt levels following a metal-on-metal metal-on-metal hip replacement can be accepted for donation.</p> <p>Completion of postoperative monitoring, treatment and follow-up should be confirmed for every donor returning to donate. Thromboprophylaxis may be continued, usually for a few weeks only, after discharge from hospital. Donors who are recovered and are attending only physiotherapy appointments for ongoing rehabilitation can be accepted.</p>
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	<p>This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017,—</p> <p>The entry has been revised to include a definition of recovery and amendment of the definition of major surgery. The deferral after major surgery has been shortened. Information regarding donor eligibility after non-major surgery has been added. Specific guidance for surgery overseas, donors awaiting surgery and postoperative thromboprophylaxis has been added.</p>



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