

Date of publication: 30th October 2017

Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 52 - 2017

This change applies to the Whole Blood and Component Donor Selection Guidelines.

Surgery

Please amend the discretionary section as shown below.

Definition

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.

Obligatory

Must not donate if:

- a) For malignancy.
- b) All wounds are not healed.
- c) There is any infection.
- d) Normal mobility has not been regained.
- e) Less than six months from major surgery.
- f) Less than seven days from other surgery.
- g) Less than four months from any flexible endoscopic procedure.
- h) Requiring post-operative treatment or attending hospital regularly.
- i) Waiting for surgery that is likely to require a transfusion, or has received a transfusion since 1st January 1980.

Discretionary

- a) If for cervical carcinoma in situ (CIN) or basal cell carcinoma and all other criteria are fulfilled, accept.
- ~~b) If all other criteria are met and it is more than four months since any flexible endoscope examination, and a validated test for hepatitis B core antibody is negative, accept.~~
- b** e) If all other criteria are met and a donor has received a metal on metal hip replacement even if being monitored for blood chromium or cobalt levels, accept.

See if Relevant

Anaesthetic
Cervical Carcinoma in Situ
Disabled Donor
Endoscopy
Eye Disease

Malignancy
Neurosurgery
Tissue and Organ Recipients
Transfusion
Xenotransplantation

Additional Information

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.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped the guidance will change.

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.

Donors being monitored for chromium or cobalt levels following a metal on metal hip replacement can be accepted for donation.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

[This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.](#)

Update Information

This entry was last updated in DSG-WB Edition [xxx](#), Release [xx](#).

SmacLennan

Dr Sheila MacLennan

Professional Director - Joint UKBTS Professional Advisory Committee

☎ Direct Dial: (0113) 820 8638

✉ sheila.maclennan@nhsbt.nhs.uk