

Change Notification for the UK Blood Transfusion Services

Date of Issue: 13 August 2024 **Implementation:** to be determined by each Service

No. 39 – 2024

Weight

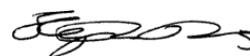
This notification includes the following changes:

BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue - Deceased Donors	TL-DSG Tissue - Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
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1. Weight	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Dr Akila Chandrasekar
Chair of Standing Advisory Committee on Tissues & Cellular Therapy Products (SACTCTP)



Dr Stephen Thomas
Professional Director of JPAC

Changes are indicated using 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 **Bone Marrow and Peripheral Blood Stem Cell DSG**

Weight

(revised entry)

<p><i>Obligatory</i></p>	<p>1. Bone Marrow Donor: Must not donate if: a) Body Mass Index over 35. b) Under 50 kg (7 stone 12 lb). <i>c) Obtain anaesthetic opinion if: Body Mass Index between 30 and 35.</i></p> <p>2. PBSC Donor: Must not donate if: a) Body Mass Index over 40. b) Under 50 kg (7 stone 12 lb). c) The donor is so overweight that they have difficulty in getting on to or off the bleed bed. d) Venous access is very difficult.</p>
<p><i>Discretionary</i></p>	<p>«1. Bone Marrow Donor: a) If Body Mass Index >35 to <40: Refer to DCSO. Obtain anaesthetic opinion, considering other anaesthetic risk factors and technical feasibility.</p> <p>2. PBSC Donor:» a) «If Body Mass Index 40 – <43: Refer to DCSO, considering venous access.» <i>Potential PBSC donors with a BMI between 35 and 40 should be carefully assessed for other risk factors for cardiovascular disease before they are accepted as suitable.</i></p> <p>b) Treatment with anti-obesity drugs, accept.</p>
<p><i>Additional Information</i></p>	<p>Blood service staff should not put their own health at risk by helping donors on and off the donation couch except in an emergency.</p> <p>It is recommended that no donor should lose more than 13% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting and becoming anaemic. <i>There is a minimum donor weight at which a donation can be accepted. This is not always appropriate.</i></p> <p>Obesity also makes it desirable to use more than a donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than</p>

	<p>muscle. In obese individuals the blood volume can be seriously overestimated from weight alone. Overestimating a donor's blood volume makes it more likely that they will have an adverse incident.</p> <p>Donors who are overweight or obese tend to have more moderate-severe pain with PBSC donation. BM harvest is technically a considerably more difficult procedure in overweight donors. There is much evidence to support the concept that the morbidly obese in general (i.e. with a BMI >35) have a higher risk of premature death, anaesthetic complications and occult cardiovascular disease.</p> <p>«However, it is recognised that a high BMI does not always reflect obesity and body habitus and many high BMI donors may be fit and suitable to donate.»</p>
<p><i>Reason for Change</i></p>	<p>The levels of BMI/weight at which a «BM or» PBSC donor can be accepted have been changed to align with Anthony Nolan, DKMS, NMDP and Canadian current guidance and WMDA draft guidance.</p>