

## Blood transfusion: a patient's story

*This is a genuine account of one patient's experience of blood transfusion. Points for reflection have been added, to facilitate use as an educational resource.*

In the autumn of 2005 I started feeling tired and unwell at mid-afternoon of each day, and experienced bouts of very bad night sweats and cramps which would leave me exhausted in the morning. I also started to suffer nosebleeds.

Convinced I had some nasty flu virus, I took some iron supplements and felt slightly better, but after another few weeks I had become gaunt and drawn and had no energy; I got breathless after even the briefest of exertion like popping to the shops for milk.

Eventually I found difficulty in even getting out of bed in the morning, resulting in being taken by ambulance to the local hospital A&E department in mid-November. A blood sample was taken from me, and after a short time a doctor came to tell me my haemoglobin was less than 4.5 and my platelet count was abnormal (I must admit I wasn't paying as much attention as I probably should have been); I was told I needed a blood transfusion immediately and wouldn't be going home.

Things then got a lot worse – my arms went blue with bruises due to my bone marrow failing to make good blood (which I didn't know at the time), and I developed a deep vein thrombosis in my right leg which became very painful and tender to touch.

A consultant haematologist came to see me and said he would like to aspirate a sample of bone marrow from my hip; no problem I said – you can remove my leg if you want because it's so painful.

I was then told that I had 'High Risk Myelodysplasia transforming to Acute Myeloid Leukaemia'; the final diagnostic analysis was actually Myeloproliferative Myelodysplastic Syndrome which did not transform to AML (so far).

My initial reaction to this was that I was doomed. Events had seemed to take on a life of their own, from which I felt I had become rather detached. All I knew was that I had been diagnosed with a form of cancer and I knew I had to get through it one way or another.

At the end of November I was transferred to a specialist haematology/oncology centre. While there I contracted septicaemia and was subject to 'barrier nursing', and also developed cellulitis and pneumonia requiring admission to intensive care. I had further complications when a wisdom tooth which needed removal caused considerable bleeding problems for weeks, eventually controlled by repeated stitching.

I ended up having chemotherapy, and suffered considerable weight loss and hair loss, both of which have now returned thankfully. My treatment also involved numerous further transfusions of both blood and platelets (the platelets gave me hives); I had 16 units of blood and 22 units of platelets in total – sometimes I had 2 transfusions in a day which left me pretty tied up for the day! – and my last transfusion was in July 2006.

During my illness I felt very poorly indeed; I cannot really recall if I felt any benefit from the transfusions at the time – just thank heavens! I was glad to still be alive.

I look and feel a different person now, and believe there is a bright future.

I would like to thank all the staff at both of the hospitals I was admitted to for all their help and support.

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## Points for reflection

In light of the story recounted above, other experiences you have had of transfusion, and best practice in terms of patient care, consider the following points for reflection:

- Anaemia is a decreased level of haemoglobin in the blood. List the symptoms of anaemia. What other symptoms were this patient suffering and why?
- What are the normal ranges for haemoglobin and platelets in adults?
- Are there different types of anaemia; what are the options for management.
- Patients are often told they need a blood transfusion; what else should be done with patients at this point? What resources are available to help?
- What are the risks associated with transfusions; what are the alternatives to transfusion – are any appropriate for this clinical situation
- The patient didn't have a platelet transfusion when the bone marrow aspiration was performed; should they have?
- What are the potential consequences of a patient having multiple blood transfusions?
- The patient cannot recall if they had an ID check before every transfusion; do you still need to do checks for a patient you know and have set up several transfusions for in the past?
- Could barrier nursing have an impact on safe transfusion practice?
- This was a very worrying time for the patient. How could any fears and anxieties surrounding blood transfusions be addressed and reduced?