IS BLOOD TRANSFUSION MY ONLY OPTION?

Each sickle cell disease (SCD) patients should discuss their individual treatment options with their doctor. Blood transfusion is not the only option. There are other treatment options available. Each patient should have an individually tailored treatment plan.

It is important to discuss with your doctor the options available for you or your child/family member. Make sure you ask the doctor to explain all the options necessary before making an informed decision.

A community of patients, carers and healthcare professionals advocating for the rights of people living with Sickle Cell Disease within Australia

Sponsored by:
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All brochures created by ASCA are reviewed by adult and paediatric haematologist.

Disclaimers: ASCA does not host or receive funding from advertising. These brochures are intended to provide support for caregivers to sickle cell disease patients, not replace, the relationship that exists between patients and health care professionals.

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Australian Sickle Cell Advocacy

Blood Donation

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GIVING BLOOD = GIVING LIFE

Donated blood can be used in many different ways. Red cells can help bleeding patients after accidents or child birth to survive, while platelets help in blood clotting. Plasma is used in a lot of different ways. Blood transfusion can be lifesaving as well as improve the quality of life of people that needs repeated transfusions.

WHAT CAN I DONATE?

- Whole blood that can then be separated as red cells, platelets or plasma.
- Plasma
- Platelets

At present, people with SCT can only donate plasma that is made from whole blood collection.

CAN I DONATE BLOOD?

If you do not have SCD or SCT, you need to meet the criteria set by Lifeblood to donate. Some include:

- Age 18-75, weight at least 50kg
- Currently feeling fit and healthy
- Plenty to eat and drink (750ml) at 24 hours before
- Complete the Donor Questionaire and meet the eligibility requirements.

In the future, it will be possible for people with SCT to be blood donors.

Possible complications of blood transfusion

MINOR REACTIONS

Anticoagulants found in donor blood binds to calcium ions in your body, which can make you feel "shaky" Calcium supplements are regularly given.

IRON OVELOAD

Most commonly occur in patients who receives recurrent blood transfusions and less commonly in patients undergoing red cell exchange.

ANTIBODIES

Donor blood is carefully matched to be closely similar to your blood. However, antibodies against specific RBC antigens can still occur, making future matching harder. Some significant antibodies should be avoided as they can cause haemolytic transfusion reactions, though some antibodies are not a cause of concern.

Blood transfusions for sickle cell patients:

What you need to know

1.EXCHANGE TRANSFUSION

Involves replacing blood containing sickle cell red blood cells with normal blood from a blood donor. Used to prevent stroke or other complications.

2.TOP UP TRANSFUSION

Involves adding blood without the removal of any blood/blood products to overcome anaemia by bringing hemoglobin and oxygen supply to a safer level.

3.SPECIAL BLOOD

Apart from being ABO and RhD compatible, red cells for SCD patients are usually also matched to be the same for the other Rh blood group system types (CcEe), Kell blood group system and other blood group systems.

This aims to prevent the patient forming antibodies to red cells that their body sees as foreign. Antibody formation makes it very difficult sometimes to provide suitable blood for SCD patients.

FOR MORE INFO, VISIT:
HTTPS://WWW.CDC.GOV/NCBDDD/SICKLECELL/INDEX.HTML