

Blood Transfusion Refusal Information for Adults undergoing Endoscopic Procedures

This leaflet explains the Endoscopy Unit at St George's Hospital policy for patients who are due to have an endoscopic procedure and do not accept blood or blood components. If you have any further questions, please speak to a doctor or nurse caring for you.

Can anyone refuse a blood transfusion?

Yes. We want to be sure that we treat every patient in a way which recognises their individual choices or religious beliefs.

I've been booked to have an endoscopy, why are you asking me about blood transfusions?

Endoscopic procedures including gastroscopy (OGD), Colonoscopy, Flexible Sigmoidoscopy, ERCP and EUS are very safe procedures, but rarely can cause significant bleeding which may lead to blood loss requiring treatment.

If you are a blood refuser it is important to discuss what (if any) blood products are acceptable to you as well as the alternative treatments that may be available to you and to document this as part of the consent process for the procedure.

The risk of bleeding varies between the type of procedures and interventions carried out. This information can be found in the patient information leaflet relating to your procedure(s).

Where required, a formal Blood Refuser meeting can be organised before the procedure, however this will be arranged on a case-by-case basis.

What happens on the day of the procedure?

On the day of your procedure the responsible nurse and Endoscopist will complete a patient checklist with you, confirming that the blood refusal discussion has taken place and what (if any) products are acceptable to be used if clinically indicated.

If you are one of Jehovah's Witnesses, the hospital liaison committee (HLC) for Jehovah's Witnesses may be able to help if you need more information.

If you are one of Jehovah's Witnesses, please bring your 'Advance Decision to Refuse Specified Medical Treatment' document (sometimes referred to as a 'no blood' form or an Advance Decision Document) on the day of your procedure

Informed consent

Please read the information below carefully. It will help you to make an informed choice about which blood components (if any) you will accept. Any questions which you have about this information can be addressed on the day of your procedure.

In extreme cases the refusal of blood can lead to harm or even death, although everything will be done to try and avoid this.

Your wishes will be recorded on a treatment plan which you will then be asked to sign.

The treatment plan will also be signed by the medical team present on the day of your procedure and then filed in your hospital records.

Major Bloods Components (major fractions)

Red blood cells give blood its colour and account for just under half of the blood volume. They carry oxygen from the lungs to all the cells in the body. We can measure the number of red cells in the body by testing the haemoglobin concentration. A low haemoglobin concentration means that you are anaemic. Red blood cell transfusion is one of the treatments for anaemia. Anaemia can develop because of severe blood loss – for example, as a complication during childbirth or because of injury or surgery.

Platelets help blood to form clots and so stop bleeding. Platelets gather at the site of injury to plug the hole. A platelet transfusion may be used to treat people who have very low levels of platelet cells in their blood. If you have low levels of platelets, you are at risk of excessive bleeding.

Plasma (FFP) is the yellow liquid part of blood. It makes up just over half of the blood volume and is mostly made up of water. Plasma carries red blood cells as well as proteins including ones which help blood to clot (clotting factors).

A transfusion of plasma may be needed if there is severe bleeding, such as after surgery, trauma, or childbirth to replace lost clotting proteins.

Blood products (minor fractions)

Cryoprecipitate is a concentrated blood component taken from FFP when it is defrosted. It contains specific proteins involved in clotting. Cryoprecipitate may be used to replace lost clotting proteins if there is severe bleeding.

Prothrombin Complex Concentrate (PCC) is made from human plasma. It contains some of the clotting factors found in FFP. It is often used to reverse effects of warfarin (a blood thinning drug). PCC may be used to replace some of the lost clotting proteins if there is severe bleeding, such as after surgery, trauma, or childbirth.

Albumin is the main protein of human blood plasma. This product is not given in the event of an emergency bleed; however, it may be used to regulate fluid volume after massive blood loss.

Immunoglobulins are antibodies which are sometimes given if your immune system is weak.

Alternatives to blood transfusion

In some situations, alternatives to blood transfusion may be appropriate. Please see the **Transfusion Alternatives** leaflet for further information.

What if I change my mind?

If you change your mind about refusing a blood transfusion you must tell staff immediately. The change of decision will be recorded in your hospital records and your treatment plan will be adapted accordingly.

Useful sources of information

Contact details for our local Hospital Liaison Committee (HLC) for Jehovah's Witnesses.

Timothy Eagles 07711 273116

teagles@jw-hlc.org.uk

Clyde Simpson 07947 664 279

Csimpson@jw-hlc.org.uk

Contact us

If you have any questions or concerns regarding the above information, please contact:

Endoscopy Unit on 020 8725 3966 (Monday to Friday 8am to 5pm).

Bowel Screening Office on 020 8725 4920 (Monday to Friday 8am to 5pm).

Alternatively, please contact the **Transfusion Practitioner team** on 020 8725 4652 (Monday to Friday, 9am to 5pm) for further information regarding blood products and alternatives available.

For more information leaflets on conditions, procedures, treatments, and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: CLH_BTRA_04 **Published:** June 2023 **Review date:** June 2025