



How do I find out more about getting my own blood back?

To learn more about getting your own blood back visit www.yourblood-yourchoice.com and talk through the options with your GP and Consultant.

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This leaflet is for general information only. It is not a medical document, nor should it be taken as seeking to influence patients in making a particular choice. The specific procedures for individual patients can vary widely and the guidance of your medical advisers, who are in the best position to address any concerns or questions you may have, should always be paramount in any decision concerning your treatment.

- (1) www.shotuk.org
- (2) Newman JH, Bowlers M, Murphy J: The Clinical Advantages of Autologous Transfusion – A randomised controlled study after knee replacement. The Journal of Bone and Joint Surgery (Br) 1997 Vol. 79B pages 630-632.

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Patient's guide

Your blood transfusion options

Total Knee and
Total Hip Replacements

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the autologous blood transfusion
information site

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Why might I need a blood transfusion?

During some operations it is expected that you may lose blood which needs to be replaced in order to aid your recovery. The most common method of blood transfusion is from blood that has been donated and stored in blood banks – also referred to as donor, homologous or allogenic blood.

It's your blood and your choice

But there may be another option whereby, through consultation with your hospital doctor or consultant, you can choose to have your own blood returned to you. This is known as Autologous Blood Transfusion, or ABT for short. This procedure is being increasingly used in hospitals across the UK, and in many other countries throughout the world. Autologous transfusion is particularly suitable if you are scheduled to go into hospital for

non-emergency surgery, for example a total knee or hip replacement, and you have the option to decide in advance to have your own blood back. For knee replacement surgery, post-operative blood collection is particularly appropriate as the majority of blood loss occurs after the operation.

What do the different types of blood transfusion involve?

Donor blood transfusion

Donor blood is the name given to blood collected from another person and stored under controlled conditions until required. This is often known as banked blood.

To minimize the risk of Transfusion Transmitted Infection (TTI) e.g Hepatitis, donor blood is screened for known transmittable bacterial and viral diseases.

Autologous Transfusion

Autologous transfusion – sometimes referred to as Autotransfusion – is a process by which the patient receives blood they donate themselves.

The blood can be taken, processed and re-infused during the operation (intra-operative collection), or collected after the surgery is complete, then filtered and re-infused in the ward environment (post-operative collection).

What are the benefits of having my own blood back?

Having your own blood back is generally considered to be a safer method than having donor blood for a number of reasons. Receiving your own blood reduces the risk – albeit small – of being given the wrong type of banked blood⁽¹⁾. It also reduces the small risk of transmission of blood-borne disease and infection such as HIV and Hepatitis as well as the theoretical risk associated with vCJD.

It has also been documented that patients who receive their own blood as part of their care process have left hospital up to 2 days early and may be less susceptible to some side effects associated with the use of donor blood⁽²⁾.

Does using my own blood have any other benefits?

Yes! By opting to have your own blood back, you are not only realising the potential benefits to yourself in terms of transfusion safety and recovery, but you are also helping to preserve the diminishing stocks of banked blood so that they can be reserved for emergencies or other procedures where the use of Autologous blood is considered inappropriate

