

## Having a venesection

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This leaflet is for patients diagnosed with a condition which can be treated with venesections (procedure to reduce red blood cells and ferritin level).

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### Why do I need a venesection?

You have been diagnosed by a haematologist (doctor specialising in blood) or a gastroenterologist (doctor specialising in conditions of the digestive system) with one of three conditions:

1. Polycythaemia Vera (too many red blood cells);
2. Haemachromatosis (too much iron/ferritin);
3. Porphyria Cutanea Tarda (a build-up of a specific enzyme).

### What is a venesection?

A venesection is a quick and simple way to reduce the number of red blood cells or ferritin (a protein that stores iron) in your blood, without having to take any medication.

### How often will it need to be done?

This depends very much on your specific disease and you as an individual. Your blood tests will be monitored regularly and your consultant will advise you as to the frequency of the procedure. In general, it is done approximately every three months once your condition has stabilised. You will need to have a blood test done about a week prior to your appointment to see if it is necessary to perform the procedure.

### How is a venesection performed?

Firstly, the nurse performing the venesection will take your blood pressure and ask you a few questions about your general health. You will then be asked to lie on a couch or be reclined in a chair.

The nurse will then assess the veins in your elbows and decided which one is the best one to use.

A blood pressure cuff will be applied to your arm and pumped up until it is reasonably tight. This is to help the veins stand up better.

The nurse will then spray the selected vein with ethyl-chloride. This will be very cold but is very effective at both numbing and cleaning the skin.

It only takes a few seconds to dry and the nurse will then insert the needle from the venesection pack into the vein and secure it with some tape.

The pressure on the cuff will then be released while the blood is collected.

When the blood has been collected the needle will be removed and pressure will be applied to the wound for several minutes to ensure it does not bleed.

A bandage will then be applied.

### How long does it take?

There are several factors which may affect the speed of the procedure but in general it should take 15-20 minutes.

When it has been completed you will be offered something to drink and your blood pressure will be rechecked.

### What are the risks and benefits?

When the needle is inserted it may be uncomfortable and when it is removed it may bleed so that you get a bruise. If you are on warfarin or aspirin, this will be more common.

You may feel dizzy or faint during or after the procedure. This is not unusual and there are several things that can be done to minimise the risk. Eating and drinking as normal before the procedure will help. Try to drink plenty of fluids prior to your appointment. If you do feel faint we may need to cannulate you and give you some saline fluid.

This procedure is a very safe, simple and quick treatment for your condition.

### Venesection FAQ's

*Q: I take Beta-blockers for high blood pressure, should I still take them?*

A: Take all your medication as normal but bring a list with you to your appointment. The nurse will check your blood pressure and decide whether it is safe to go ahead.

*Q: I am needle phobic, what should I do?*

A: Bring someone to the appointment with you for support. The ethyl-chloride spray will reduce what you feel when the needle is inserted. Try to relax, you won't be the first person the nurse has dealt with in the same situation!

*Q: Can I drive to/from the appointment?*

A: We would advise against driving after your first appointment. However, once you get in to a routine and know how you will feel after the procedure there is no reason why you should not drive, provided you feel well enough.

Q: *Can I go back to work?*

A: The best thing to do after your appointment is nothing. You need to take it easy for the rest of the day and make sure you drink plenty.

Q: *What happens to the blood afterwards?*

A: Unfortunately, it will be disposed of. We do not have the facilities to store the blood so that it can be used for donation.

Depending on your condition and its stability, you may be able to donate via the National Blood Transfusion Service.

Important phone numbers:

West Ward Haematology Day Unit: 0118 322 6632 (nurses station)

West Ward Reception Desk / enquiries: 0118 322 7464

Haematology clinical nurse specialist: 0118 322 7689

For more information about the Trust, visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and formats upon request.

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