

The Nursing Care of the Haemochromatosis Patient

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The method that we use in our department and indeed many departments across Ireland to remove iron is through phlebotomy, also known as venesections. This is the gold standard therapy in treating haemochromatosis.

The aim of treating iron overload is:

- to remove excess iron, known as the initial phase
- to avoid excessive iron building up again, known as the maintenance phase

The treatment strategy should also include:

1. Advice on limiting iron intake (ie) significantly reducing, red meat intake and also avoiding meat rich in iron such as liver
2. Avoiding taking any iron supplements (ie) prescription or over the counter medications
3. Avoiding iron-containing medicines or medicines containing vitamin C (this is because they encourage intestinal absorption of iron)
4. Symptomatic treatment of any complications such as organ damage or metabolic disorders

Guidance before phlebotomy:

- Before your venesection appointment we ask all our patients to get their bloods done around 2 weeks before their appointment, this can be done via their GP or their local hospital phlebotomy service.
- The bloods we ask patients to get done are a full blood count and ferritin level.
- A member of our nursing team reviews the bloods 1 week before your appointment and decides whether a venesection is indicated.
- Our current guidelines were amended during the Covid-19 pandemic, which establishes that if a patient's ferritin level is 100 or above a venesection is indicated, however occasionally when a patient's ferritin level is below 100 but a patient may be symptomatic, they may be increasingly fatigued or complaining of joint pain, a venesection may be considered after discussion with their haematology consultant.

On the day of your appointment:

- We ask all patients to eat a substantial meal either breakfast if they have a morning appointment or lunch if they have an afternoon appointment.
- This is extremely important because it helps avoid any episodes of weakness or fainting episodes during or directly after venesection.
- We also ask patients to inform nursing staff if they have any recent infections as this can often falsely raise a patient's ferritin level.
- It is crucial to inform nursing staff if they are having any procedures such as total knee replacements or total hip replacements coming up as these types of procedures often require a blood transfusion post-operatively, so we do not want to deplete your red blood cells pre-procedure.
- It is important to update the nurse of changes in health since their last venesection.
- We would also ask patients to advise nursing staff if they have a history of fainting when blood is removed as we can administer IV fluids pre- and post-venesection to avoid this occurring.
- Our aim is to have the patient's experience from entering to exiting the department as seamless and straightforward for our patients as possible.

The procedure itself:

- Nursing staff take and record vital signs of patient (BP, HR, Temp., O2 level, RR). This is to ensure the patient is vitally stable pre-procedure
- Nurse assesses patient's veins to establish the most suitable/appropriate site to use
- Often the anti-cubital fossa is the most appropriate vein
- Needle with small bag and tubing attached is used to withdraw the blood
- We aim to withdraw up to a maximum of 500mls or as tolerated
- Once completed the needle is removed and a pressure dressing is applied
- Oral hydration is provided to patients and a full re-check of vital signs completed
- The nurse will ask you whether you feel faint or dizzy, if so, please inform the nurse immediately and appropriate action will be taken
- If you feel well, the nurse will allow you to go home
- You will be given your next venesection appointment and blood form before you leave your appointment
- The entire procedure and appointment take between 30-40 minutes

Blood Disposal and the IBTS:

- Unfortunately, in the Midlands Regional Hospital Tullamore we do not have a facility to use this blood again, so blood venesected is discarded as per hospital policy
- However, patients can avail of the IBTS service, which can accept patients with haemochromatosis due to the national shortage of blood donation
- Patients can contact the IBTS directly and they will guide you on whether specific patients meet their criteria. For further information, visit www.giveblood.ie