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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 22 - 2014

Kidney and Bladder Disease

Applies to the Whole Blood and Components Donor Selection Guidelines only

1. Acute Nephritis

Obligatory

Must not donate if:

Less than 12 months from recovery.

See if Relevant

[Autoimmune Disease](#)

Additional Information

Self-limiting renal disease e.g. single attacks of glomerulonephritis or pyelitis, from which recovery has been complete, do not necessarily disqualify the donor.

If there is doubt about the diagnosis refer to a '**Designated Clinical Support Officer**'.

Reason for Change

The deferral period following an attack of 'Acute Nephritis' has been reduced from five years to 12 months.

2. Chronic Nephritis

Obligatory

Must not donate.

3. Infection

See

[Infection - General](#)

Reason for Change

This is a new entry.

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4. Kidney Failure

Obligatory

Must not donate if:

- a) Has renal impairment requiring dialysis.
- b) Using erythropoietin or similar drugs to increase the haemoglobin concentration.
- c) Is either under active investigation, or continued follow up by a specialist for renal impairment, or has any associated cardiovascular complications.
- d) Has had a kidney transplant.

Discretionary

If a kidney transplant was of a non stored autologous organ, accept.

See if Relevant

[Autoimmune Disease](#)
[Blood Pressure - High](#)
[Diabetes Mellitus](#)
[Immunosuppression](#)
[Tissue and Organ Recipients](#)

If treated with blood or blood products, immunoglobulin, plasma exchange or filtration:
[Transfusion](#)

Additional Information

People with significant kidney failure usually have a high risk of anaemia. This, together with other factors, make them unsuitable as donors

Reason for Change

Clarification has been added for donors with renal impairment.

5. Polycystic Kidney Disease

Discretionary

A diagnosis of polycystic kidney disease does not necessarily prevent donation. If otherwise well, accept.

See if Relevant

[Blood Pressure - High](#)
[Infection - General](#)
Kidney Failure above.

Additional Information

Polycystic kidney disease is usually genetic. It varies markedly in its severity and many people will not run into problems until later in their lives. Before this happens, provided they are otherwise well, there is no reason why affected individuals should not donate. Often they will have higher haemoglobin concentrations than normal.

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6. Renal Colic, Kidney and Bladder Stones

Obligatory	Must not donate if: a) Symptomatic. b) Under investigation.
See if Relevant	Infection - General
Additional Information	<p>Renal colic is most commonly caused by solid material (crystals or a stone) passing through the tube that connects the kidney to the bladder (the ureter). It is commonly associated with infection.</p> <p>It is important to wait until the donor is fully recovered and any investigations have been completed. This should avoid a donation being taken from an individual with infection. Infection can lead to bacteria contaminating any donated material. This can be dangerous because bacteria can multiply to dangerous levels in the stored donation.</p> <p>Kidney and bladder stones have many causes and may be associated with infection. It is important to ensure that there is not an underlying cause that would prevent donation.</p>

7. Interstitial Cystitis

Obligatory	Must not donate if: a) Is under investigation b) Has an associated condition which would prevent donation c) Has required catheterisation within the last 7 days. d) Has any associated symptoms. e) On treatment with Pentosan polysulfate sodium (Elmiron) f) Has required botulinum injections given out with the NHS
Discretionary	If investigations are complete, there are no associated conditions or treatments such as botulinum injections given out with the NHS which would prevent donation, symptoms are controlled even if on medication other than Pentosan polysulfate sodium (Elmiron) and the potential donor has not required catheterisation within the last 7 days, accept.
See if Relevant	Autoimmune Disease Chronic Fatigue Syndrome Complementary Therapy Infection -General Mental Health Problems Surgery

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Additional Information

Interstitial Cystitis or Painful Bladder Syndrome is a condition which causes chronic or recurrent pain in the bladder and in the pelvic region due to damaged bladder lining or urothelium.

The cause is unknown but may be associated with other conditions such as Irritable Bowel Syndrome, Fibromyalgia, Chronic Fatigue Syndrome, Autoimmune Disease and Anxiety Disorder
It may also be caused by traumatic injury to the bladder and precipitated by infection.

The diagnosis of IC or PBS is one of exclusion.

Treatment can be through diet modification, bladder training techniques, exercise and stress management. It can include oral medication with analgesics, antidepressants, and Cimetidine. Treatment can also be with Pentosan polysulfate sodium (Elmiron) which can be associated with increased bleeding and bruising. The condition can also be treated by interventional methods including catheterisation, surgery and botulinum toxin injections. Use of neuromodulation techniques with a transcutaneous electrical nerve stimulation (TENS) machine does not prevent donation.

Reason for Change This is a new entry.

Further Information

The supporting paper, Interstitial Cystitis (IC) or Painful Bladder Syndrome, leading to this change can be found in the Document Library/Supporting Papers of the JPAC website:
<http://www.transfusionguidelines.org.uk/Index.aspx?Publication=DL&Section=12&pageid=7528>

SmacLennan

Dr Sheila MacLennan
Professional Director - Joint UKBTS Professional Advisory Committee
☎ Direct Dial: (0113) 820 8638 ✉ sheila.maclennan@nhsbt.nhs.uk