

**Change Notification for the UK Blood Transfusion Services**

**Date of Issue:** 31 July 2024 **Implementation:** to be determined by each Service

No. 15 – 2024

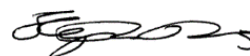
**Shunts, Stents and Devices**

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue - Deceased Donors	TL-DSG Tissue - Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Shunts, Stents and Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Diabetes Mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



**Dr Angus Wells**  
Chair of Standing Advisory Committee on Care & Selection of Donors (SACCSD)



**Dr Stephen Thomas**  
Professional Director of JPAC

Changes are indicated using the key below. This formatting will not appear in the final entry.

original text	«inserted text»	<del>deleted text</del>
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1. Changes apply to the **Whole Blood and Components DSG**

«Shunts, Stents and Devices»

(revised entry)

~~Indwelling Shunts and Stents and Implanted Devices~~

<p><i>Includes</i></p>	<p><b>Shunts</b></p> <ul style="list-style-type: none"> <li>For hydrocephalus e.g. ventriculo-peritoneal, -atrial, -pleural and lumboperitoneal shunts</li> </ul> <p><b>Stents</b></p> <ul style="list-style-type: none"> <li>Vascular stents including coronary artery stents</li> <li>Urinary tract stents including ureteric stents</li> <li>Ophthalmic stents including nasolacrimal and Schlemm canal stents</li> </ul> <p><b>Pacemakers</b></p> <ul style="list-style-type: none"> <li>Cardiac pacemakers</li> <li>Gastric pacemakers</li> </ul> <p><b>Implanted neuromodulator and nerve stimulator devices used for:</b></p> <ul style="list-style-type: none"> <li>Neuropathic pain – includes spinal cord and peripheral nerve stimulators</li> <li>Bladder dysfunction – includes sacral nerve stimulators</li> <li>Gastroparesis – sometimes referred to as gastric pacemakers</li> </ul> <p>«Glucose monitoring devices</p> <ul style="list-style-type: none"> <li>Real time continuous glucose monitors (rtCGM)</li> <li>Intermittently scanned glucose monitors (isCGM) – flash glucose monitors»</li> </ul>
<p><i>Obligatory</i></p>	<p><b>Must not donate.</b></p>
<p><i>Discretionary</i></p>	<p>a) If the indication for an implanted neuromodulator device does not preclude donation and the site of implantation is fully healed, accept.</p> <p>b) If an ophthalmic stent has been successfully inserted with good effect, the area has fully healed and there is no infection, accept.</p> <p>«c) If the reason for using a glucose monitoring device does not preclude donation and there is no inflammation or infection at, or around, the site of the skin sensor, accept.»</p>
<p><i>See if Relevant</i></p>	<p><u>Arrhythmia</u>  <u>Cardiovascular Disease</u>  «<u>Diabetes Mellitus</u>»  <u>Eye Disease</u>  <u>Gastrointestinal Disease</u>  <u>Kidney and Bladder Disease</u>  <u>Neurosurgery</u></p>

	<u>Spina Bifida</u>
<i>Additional Information</i>	<p>Some <del>indwelling</del> shunts and stents can be a source of bacterial infection due to their location in the body and infection can be present without symptoms.</p> <p>Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.</p> <p>Implanted neuromodulator devices and some stents are not a covert infection risk once the implantation site is fully healed and there are no signs of infection or inflammation.</p> <p>Care should be taken to ensure that the underlying condition that requires the use of a neuromodulator device does not preclude donation, and that the donor is well at the time of donation.</p> <p>«Care should be taken to ensure that the reason that a glucose monitoring device is being used does not preclude donation or make it inadvisable at that time. These devices are not a covert infection risk as any local infection or inflammation should be apparent. The <a href="#">Diabetes Mellitus</a> entry should always be referred to for diabetic donors using these devices.»</p>
<i>Reason for Change</i>	<p>«Addition of advice for donors with glucose monitoring devices. Addition of Diabetes Mellitus to See if Relevant section.»</p> <p><del>Addition of advice for donors with neuromodulator devices and some stents that may be accepted.</del></p>
<i>Donor Information</i>	<p>If you wish to obtain more information regarding a personal medical issue, please contact your <a href="#">National Help Line</a>.</p> <p>Please do not contact this web site for personal medical queries, as we are not in a position to provide individual answers.</p>

The following redirections will be added to the **A-Z index**

Glucose monitor » Shunts, Stents and Devices

Real time continuous glucose monitor » Shunts, Stents and Devices

Intermittently scanned glucose monitor » Shunts, Stents and Devices

Flash glucose monitor » Shunts, Stents and Devices

## 2. Changes apply to the **Whole Blood and Components DSG**

### Diabetes Mellitus

(revised entry)

<i>Also Known As</i>	Sugar diabetes and type I (1) and II (2) diabetes.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ul style="list-style-type: none"> <li>a) Requires treatment with insulin.</li> <li>b) Diabetes medication has been altered in the last four weeks.</li> <li>c) Is having problems with feeling faint, fainting or giddiness.</li> <li>d) Has suffered from heart failure.</li> <li>e) Has renal impairment requiring dialysis, the use of erythropoietin or similar drugs, or is either under active investigation or continued follow up for renal impairment.</li> <li>f) Has required surgery for a blocked or narrowed artery including any type of amputation.</li> <li>g) Has or has had gangrene.</li> <li>h) Has or has had ulcers or wounds related to a loss of sensation.</li> <li>i) Has had a transplant of pancreatic tissue.</li> </ul>
<i>Discretionary</i>	<ul style="list-style-type: none"> <li>a) If diagnosed with pre-diabetes or gestational diabetes but not requiring treatment, accept.</li> <li>b) If controlled by diet or oral medication or injectable medication other than insulin, e.g. Exenatide (Byetta®) or Liraglutide (Victoza®), that has not been changed in type or dose in the last four weeks, accept.</li> <li>c) If previous treatment with insulin (including bovine insulin) was stopped more than four weeks ago, accept.</li> <li>d) If gangrene was not related to diabetes or peripheral vascular disease (e.g. it was due to hypothermia or meningococcal meningitis) and all wounds are fully healed, even if amputation was required, accept.</li> </ul> <p>«e) If a donor has a glucose monitoring device to manage their diabetes and is otherwise eligible according to the above criteria, then as long as there is no inflammation or infection at or around the site of the skin sensor, accept.»</p>

<p><i>See if Relevant</i></p>	<p><u>Cardiovascular Disease</u>  <u>Central Nervous System Disease</u>  <u>Chiropody</u>  <u>Infection - General</u>  <u>Pregnancy</u>  <u>«Shunts, Stents and Devices»</u>  <u>Tissue and Organ Recipients</u>  <u>Wounds, Mouth and Skin Ulcers</u></p>
<p><i>Additional Information</i></p>	<p>In the UK about one in twenty individuals has diabetes. The majority of cases do not require treatment with insulin. Many people with this type of diabetes (often called type II (2)) are in good health and are fit to donate blood.</p> <p>It is however important that complications due to diabetes are carefully assessed and, where necessary, donors are excluded from donating (e.g. those at risk of postural hypotension due to autonomic neuropathy, or those at risk of bacteraemia due to unhealed ulcers).</p> <p>The rationale for not accepting donors on oral medication for diabetes mellitus was reviewed by the Standing Advisory Committee for the Care and Selection of Donors in 2008. It was decided that available data did not support the deferral of all individuals with diabetes that required treatment.</p> <p>It is a requirement of the Blood Safety and Quality Regulations not to accept donors who are being treated with insulin, or who have received a transplant of human tissue.</p> <p>Diabetic donors should be informed that blood donation will lower their HbA1c (glycated haemoglobin) levels. This blood test is used to monitor their diabetic control. Donors should inform their diabetic team that they are blood donors so this can be taken into account when reviewing HbA1c levels. Blood donation should preferably be performed after HbA1c testing.</p> <p>HbA1c decreases under conditions which shorten the life-span of red blood cells (RBC). HbA1c is made when the glucose (sugar) in the body sticks to the RBC. As the body can't use the sugar properly more of it sticks to the RBC and builds up in the blood. RBC are active for around 3 months. By measuring HbA1c, clinicians are able to get an overall picture of what a patient's average blood sugar levels have been over a period of weeks/months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.</p> <p>«According to national guidelines people with type 1 diabetes should be offered a continuous glucose monitor (CGM) or flash glucose monitor (e.g. FreeStyle Libre). Some people with type 2 diabetes may also be offered a CGM or flash glucose monitor. Care should be taken to ensure donors are eligible in regard to their diabetes as most will be using insulin, often via a pump, which would preclude them from donation, and/or will be having difficulties monitoring or controlling their blood glucose levels and donation at that time would not be advisable.</p>

	Glucose monitoring devices are available to buy and donors with stable diabetes not treated with insulin may have chosen to buy a device to use.»
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for Change</i>	«Addition of advice for diabetic donors with glucose monitoring devices. Addition of Shunts, Stents and Devices to See if Relevant section.» <del>Information about the impact of donation on HbA1c testing has been added to the Additional Information section.</del>
<i>Donor Information</i>	If you wish to obtain more information regarding a personal medical issue, please contact your <u>National Help Line</u> .  Please do not contact this web site for personal medical queries, as we are not in a position to provide individual answers.