

## 0Change Notification for the UK Blood Transfusion Services

**Date of Issue:** 31 July 2024

**Implementation:** to be determined by each Service

No. 21 – 2024

### Cardiovascular Disease

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. Cardiovascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Arrhythmias	<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)



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Professional Director of JPAC

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

original text

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1. Changes apply to the **Whole Blood and Components DSG**

**Cardiovascular Disease**

**(revised entry)**

<i>Obligatory</i>	<p><b>Must not donate if has or has had:</b></p> <p>a) An aneurysm.</p> <p>b) Cardiomyopathy.</p> <p>c) Ischaemic heart disease or angina regardless of cause <b>«including INOCA (myocardial ischaemia with non-obstructive coronary arteries)»</b>.</p> <p>d) Heart failure.</p> <p>e) Myocarditis and <b>«it»</b> is less than 12 months from recovery.</p> <p>f) Peripheral vascular disease (including intermittent claudication and gangrene).</p> <p>g) Has required surgery for a blocked or narrowed artery including any type of amputation.</p> <p><del>h) Recurrent thrombophlebitis or thrombosis.</del></p> <p><b>«h)» †) Valvular heart disease.</b></p> <p><b>«i) Heart Block or Bundle Branch Block.»</b></p> <p><del>j) Left Bundle Branch Block (LBBB) and/or Right Bundle Branch Block (RBBB).</del></p>
<i>Discretionary</i>	<p>a) If a <b>berry aneurysm</b> has been treated by interventional radiology or surgery (without the use of dural grafting, or after 1992 in the UK) and the person has not had a stroke or suffered neurological deficit, accept.</p> <p>b) If an incidental heart murmur has been heard or a valve abnormality has been found at echo, which is asymptomatic and does not require follow up, accept.</p> <p>c) If asymptomatic and there is no treatment planned for Patent Foramen Ovale (PFO), accept.</p> <p>d) If a congenital heart defect has been treated medically or surgically, cure has been achieved (or the defect has spontaneously resolved) and donation is not excluded because of a transfusion history, accept.</p>

	<p>«e) If the donor has been diagnosed with Right Bundle Branch Block (RBBB), and the donor has been clinically assessed and found to have no evidence of cardiac or pulmonary disease, accept.</p> <p>f) If the donor has been diagnosed with First Degree Heart Block, and the donor has been clinically assessed and found to have no evidence of cardiac disease, accept for whole blood donation.</p> <p>g) If the donor has been found to have coronary atheroma as an incidental finding during routine investigations and:</p> <ul style="list-style-type: none"> <li>• the donor is not on secondary preventative treatment with antiplatelet agents (e.g. aspirin) and/or cholesterol lowering medication, and</li> <li>• there is no history of chest pain or other cardiac symptoms,</li> </ul> <p>accept.»</p>
<p><i>See if Relevant</i></p>	<p>«<a href="#">Arrhythmias</a>»  <a href="#">Blood Pressure - High</a>  <a href="#">Central Nervous System Disease</a>  <a href="#">Cardiac Surgery</a>  <a href="#">Endocarditis</a>  <a href="#">«Shunts, Stents and Devices»</a> <del><i>Indwelling Shunts and Stents and Implanted Devices</i></del>  <a href="#">«Superficial Thrombophlebitis»</a>  <a href="#">Thrombosis and Thrombophilia</a></p>
<p><i>Additional Information</i></p>	<p>A history of 'Cardiovascular Disease' means that removing blood from their circulation may put the donor at risk of having a heart attack, stroke or other vascular incident. Patent Foramen Ovale (PFO) is a normal variant found in up to 40% of the population at post mortem. If it is asymptomatic and no treatment or surgery is planned for this atrial septal defect, donors can be accepted. Incidental heart murmurs and valve abnormalities are increasingly being found due to the sensitivity of new testing regimes they are of no clinical significance if asymptomatic and they do not require follow up, donors may be accepted.</p> <p><del><i>Bundle Branch Block (BBB) is either congenital or caused by ischaemic heart disease. Deferral is a requirement of BSQR for the former.</i></del></p> <p>«RBBB and first degree heart block can be diagnosed in individuals in the absence of heart disease. Provided the donor has been clinically assessed and there is no evidence of cardiovascular or pulmonary disease, the donor can be accepted. If there is any uncertainty about the diagnosis or the results of investigations, refer to a DCSO.»</p>
<p><i>Reason for Change</i></p>	<p>«Discretionary acceptance criteria for the incident finding of coronary atheroma, RBB and first degree heart block have been added. A clarification for INOCA has been added. The See if Relevant section has been updated.»</p> <p><del><i>To add information about Bundle Branch Block (BBB).</i></del></p>

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

### Arrhythmias

(revised entry)

<p><i>Obligatory</i></p>	<p><b>1. Must not donate if:</b></p> <p>a) Symptomatic or requires treatment</p> <p>b) The donor is undergoing investigation</p> <p>c) The donor has a history of an arrhythmia (eg Atrial Fibrillation, Atrial Flutter, Supraventricular Tachycardia, Ventricular Tachycardia) even if their symptoms have now settled.</p> <p><b>2. In other cases:</b> Refer to a '<b>Designated Clinical Support Officer</b>'.</p>
<p><i>Discretionary</i></p>	<p>1. Donors with a previous history of an arrhythmia triggered by a non-cardiac medical condition which has now been treated (eg thyrotoxicosis), refer to a DCSO.</p> <p>2. Donors who have been treated by ablation therapy for Supraventricular Tachycardia <del>including</del> «caused by either AVNRT (Atrioventricular Nodal Reentrant Tachycardia) or» Wolff-Parkinson White Syndrome) <del>refer to a DCSO.</del> «and:</p> <ul style="list-style-type: none"> <li>• it is at least six months since successful ablation therapy, and</li> <li>• the donor does not require regular or 'as required' medication for their SVT, and</li> <li>• there is no other associated heart disease, and</li> <li>• the donor has been discharged from follow up,</li> </ul> <p>accept.»</p> <p>3. Donors with a history of palpitations where the donor has been assessed clinically and a cardiac cause has been excluded, see the entry for 'Palpitations'.</p>
<p><i>See if Relevant</i></p>	<p><u>Cardiovascular Disease</u> <u>Palpitations</u></p>
<p><i>Additional Information</i></p>	<p>Some heart irregularities may be made worse by giving blood. This includes a risk that donation could trigger a recurrence in someone with a history of a previous arrhythmia. In cases where the donor's eligibility is not clear, DCSO referral ensures further information can be sought regarding their condition.</p>
<p><i>Information</i></p>	<p><del>This is a requirement of the Blood Safety and Quality Regulations 2005.</del></p>
<p><i>Reason for Change</i></p>	<p>«Discretionary criteria revised.» <del>This entry has been revised to refer to the new entry for Palpitations and to clarify the obligatory and discretionary criteria.</del></p>

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

INOCA » Cardiovascular Disease

Myocardial ischaemia with non-obstructive coronary arteries » Cardiovascular Disease

AVNRT » Arrhythmias

Atrioventricular Nodal Reentrant Tachycardia » Arrhythmias

WPW » Arrhythmias

Ablation for SVT » Arrhythmias