What is a therapeutic donation?
Therapeutic donation refers to taking blood, usually one unit – 500 mL – at a time, from a patient. The aim is to either reduce the amount of:

- iron in patients with too much iron, or
- red blood cells in patients with too many red cells.

What conditions have too much iron or red cells?
Patients with ‘hereditary haemochromatosis’ have a genetic condition which increases the amount of iron in their body. This can cause diabetes, liver and heart disease (see the fact sheet I Need to Know About Haemochromatosis, Vol 2, No 12). Some patients make too many red cells, a condition called ‘polycythaemia’.

Who needs to make a therapeutic donation?
The majority of people using this service have hereditary haemochromatosis. Removal of blood on a regular basis is the mainstay of treatment. Red cells contain lots of iron, removing them removes iron. Removal of red cells also stimulates the body to make more red cells which consumes iron. Over some months iron overload is reduced.

Is it collected in the same way as a regular whole blood donation?
Yes. The collection process is the same. The big difference is the frequency. Donations can be as often as twice weekly to start with. This frequency reduces as the iron levels drop. Treatment is generally life long. The blood removed can be processed and issued by the blood service if screening and donation criteria are met.

How do people get referred for therapeutic donation?
Before starting therapeutic donations, we need to know the condition being treated, relevant blood tests, medical history and a treatment plan that includes the frequency and minimum haemoglobin level acceptable for donation. The referral process has been made simpler and streamlined with the introduction of the High Ferritin App in 2013. An algorithm determines suitability for therapeutic venesection and further questions assess whether the patient may meet Blood Service donor eligibility guidelines. The General Practitioner or Specialist treating the patient remains responsible for ongoing clinical care and monitoring.

Sometimes a patient is not medically fit to donate at the Blood Service. Alternative arrangements through a hospital or private pathology company are organised by the treating doctor.

Blood fact
Bloodletting has a chequered history. It was even used to treat anxiety and excessive blood loss!