

Change Notification for the UK Blood and Tissue Services

Notification date	30 June 2026
Effective date	11 August 2026
Implementation	To be determined by each Service

CN 13-2026

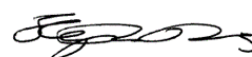
Kidney and bladder disease

Content changed	Type of change	Guidelines affected
1 Kidney and bladder disease	Removed entry	Whole blood
2 Impaired renal function	New entry	Whole blood
3 Nephritis	New entry	Whole blood
4 Polycystic kidney disease	New entry	Whole blood
5 Kidney and bladder stones	New entry	Whole blood
6 Urinary tract infection (UTI)	New entry	Whole blood
7 Bladder dysfunction	New entry	Whole blood
8 Blood pressure, high	Updated entry	Whole blood
9 Surgery	Updated entry	Whole blood
10 'See if relevant' links	Updated hyperlinks	Whole blood



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Note: this document indicates **inserted** and **deleted** text. This formatting will not apply in the published text.

1. Kidney and bladder disease

Guidelines affected	Reason for change
Whole blood	The guidance in the 'Kidney and bladder disease' entry has been separated into several new entries.

This entry will be removed.

2. Impaired renal function

Guidelines affected	Reason for change
Whole blood	New entry incorporating 'kidney failure' section of the former 'Kidney and bladder disease' entry. Guidance relevant for donors with chronic kidney disease has been added. The 'Additional information' has been expanded, including information to support assessment of donors with one kidney.

Essential information

<u>Includes</u>	<u>Chronic kidney disease (CKD), kidney failure, renal failure</u>
<u>Obligatory</u>	<u>Must not donate if:</u> <u>Has renal impairment requiring dialysis</u> <u>Has had a kidney transplant</u> <u>Has or has ever had anaemia due to their renal condition</u> <u>Has hypertension and/or any other cardiovascular disease</u> <u>Has proteinuria or albuminuria</u> <u>Is under or awaiting investigation or results</u> <u>Is under follow-up by a specialist</u> <u>Requires any preventative treatment due to their kidney disease (e.g. cholesterol-lowering treatment, antiplatelet therapy)</u>
<u>Discretionary</u>	<u>If the donor is well and:</u> <u>Does not require dialysis, and</u> <u>Has not had a kidney transplant, and</u> <u>Has never had anaemia due to their renal condition, and</u> <u>Does not have hypertension or any other cardiovascular disease, and</u> <u>Does not have proteinuria or albuminuria, and</u> <u>Is not under or awaiting investigation or results, and</u> <u>Is under GP monitoring only, and</u> <u>Does not require any preventative treatment related to their kidney disease, accept.</u>

Supporting information

Additional information

Chronic kidney disease (CKD) affects approximately 10% of the world's population. Screening is recommended for individuals with risk factors, the most common of which are diabetes mellitus, hypertension, cardiovascular disease and a family history of renal failure.

Other causes include cystic disorders of the kidney (polycystic kidney disease), obstructive uropathy, heat stress nephropathy, and glomerular nephrotic and nephritic syndromes such as focal segmental glomerulosclerosis, membranous nephropathy, lupus nephritis, amyloidosis, and rapidly progressive glomerulonephritis.

Hypertension can be a consequence as well as a cause of CKD.

Alongside encouragement of lifestyle changes (physical exercise, achieving a healthy weight, smoking cessation) and blood pressure and glucose control, management of CKD includes treatments to reduce the risk of worsening renal impairment and/or development of complications. This can involve lipid management, dietary management, antiplatelet and anticoagulant therapy, angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers, kidney protective agents including sodium-glucose cotransporter-2 inhibitors, glucagon-like peptide-1 receptor agonists, non-steroidal selective mineralocorticoid receptor antagonists, and endothelin receptor antagonists, as well as other treatments for the underlying cause of CKD.

Blood donation is not advised in individuals with CKD on any type of active or preventative treatment.

If cholesterol-lowering medication (e.g. a statin) is being taken for another reason, then donation can be considered.

Individuals with CKD are referred to renal specialists if there is concern regarding the rate or degree of deterioration of renal function.

By the time CKD has caused kidney function to decline to 15–20% of normal, individuals will usually be receiving advanced kidney care from a multidisciplinary team at a renal low clearance clinic, with the intention of slowing any further progression but also planning for possible dialysis or transplantation.

Once graded as CKD stage 3 or above, renal function is at least moderately impaired and may be associated with reduction in erythropoietin and consequent development of anaemia.

Blood donation is therefore not advisable due to the higher risk of precipitating or exacerbating anaemia.

Individuals with only one (solitary) kidney due to congenital absence of a second kidney (renal agenesis) or surgical removal of a kidney, or who have a single-functioning kidney (renal dysplasia), may be accepted if they have normal renal function: the one kidney will often grow in size and function to

compensate. They may be under monitoring, but impaired renal function and chronic kidney disease develop in only a small number of people. Renal agenesis can be associated with other congenital abnormalities, including heart defects, so care should be taken to ensure that donors are eligible according to the criteria specific to their renal condition, but also regarding any other associated conditions or complications. The reason for removal of a kidney should be ascertained as this may affect eligibility.

For donors who have donated a kidney, see 'Surgery'.

3. Nephritis

Guidelines affected	Reason for change
Whole blood	New entry incorporating 'Acute nephritis' and 'Chronic nephritis' sections of the former 'Kidney and bladder disease' entry.

Essential information

<u>Includes</u>	• Glomerulonephritis • IgA nephropathy (Berger disease) • Acute tubular interstitial nephritis • Focal segmental glomerulosclerosis • Anti-glomerular basement membrane antibody disease (Goodpasture syndrome) • Granulomatosis with polyangiitis (Wegener's granulomatosis) • Nephritic syndrome • Nephrotic syndrome
<u>Obligatory</u>	<u>Must not donate if:</u> 1. Has nephritis 2. Has nephrotic syndrome 3. Has nephritic syndrome 4. Under investigation, treatment or specialist follow-up 5. Has any renal impairment 6. Has haematuria or proteinuria 7. Has hypertension due to renal disease 8. Has any other associated cardiovascular disease
<u>Discretionary</u>	<u>If the nephritis has fully resolved and the donor is well, and:</u> 1. Has normal renal function, and 2. Does not have haematuria or proteinuria, and 3. Does not have hypertension due to renal disease, and

4. [Does not have any other associated cardiovascular disease, and](#)
5. [Is not requiring any treatment, and](#)
6. [Is eligible following completion of any treatment \(e.g. steroid therapy\), and](#)
7. [Is discharged from specialist follow-up, accept.](#)

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Steroid therapy](#)

Additional information

[Nephritis can be self-limiting, e.g. a single episode of glomerulonephritis secondary to an infection or reaction to medication, with complete recovery. However, care must be taken to determine the cause and to exclude any systemic underlying or associated conditions \(e.g. autoimmune disease, vasculitis\) that would affect eligibility and/or preclude donation.](#)

[Nephritides invariably cause some proteinuria and can acutely progress to nephritic syndrome with haematuria and hypertension, or to nephrotic syndrome with significant protein loss into the urine. Persisting effects on renal integrity and function such as proteinuria, haematuria and hypertension, and/or the need for continuing medication precludes donation. This will usually indicate that the condition has become chronic with full resolution unlikely; some will progress to end stage renal failure.](#)

[If there is uncertainty about the diagnosis or underlying cause, seek advice from a Designated Clinical Support Officer.](#)

4. Polycystic kidney disease

Guidelines affected	Reason for change
Whole blood	New entry incorporating 'Polycystic kidney disease' section of the former 'Kidney and bladder disease' entry, expanded to include guidance relevant to the management, complications, medication and progression of the condition.

Essential information

<u>Obligatory</u>	<u>Must not donate if:</u> <u>Has any renal impairment</u> <u>Has hypertension or any other cardiovascular complications</u> <u>Has or has ever had anaemia due to their renal condition</u> <u>Requiring or has ever required to take a vasopressin V2-receptor antagonist, e.g. tolvaptan (Jinarc®, Samsca®)</u> <u>Requiring any other treatment including preventative antihypertensive treatment</u> <u>Is under or awaiting investigation</u> <u>Is under follow-up by a specialist</u>
<u>Discretionary</u>	<u>If the donor is well, and:</u> <u>Has normal renal function, and</u> <u>Does not have hypertension or any other cardiovascular disease, and</u> <u>Has never had anaemia due to their renal condition, and</u> <u>Is not under or awaiting investigation or results, and</u> <u>Is under GP monitoring only, and</u> <u>Does not require or has never required to take tolvaptan (Jinarc®, Samsca®), and</u> <u>Does not require any other treatment, including antihypertensives and analgesics and other medications used for pain relief, accept.</u>

Supporting information

See if relevant

- Impaired renal function
- Kidney and bladder stones
- Urinary tract infection

Additional information

Polycystic kidney disease is usually inherited.

Cysts can grow in size or number and affect renal function, usually in later life. When there is CKD stage 2 or 3 and evidence of rapidly progressing kidney disease, tolvaptan (Jinarc®, Samsca®) may be used to slow down the formation of cysts and to protect kidney function. Individuals on tolvaptan will usually be under hospital monitoring.

Cardiovascular complications of polycystic kidney disease include:

- hypertension
- subarachnoid haemorrhage
- stroke

Other complications include:

- renal impairment
- renal stones
- urinary tract infections, which may be persistent, severe, recurrent
- cyst infections, which may require surgical drainage or kidney removal
- pain requiring analgesia, usually paracetamol or opiates, sometimes nonsteroidal anti-inflammatory drugs NSAIDs). Anticonvulsants and antidepressants may be used for chronic pain.
- cysts in other organs, most commonly the liver

Polycystic kidney disease can be associated with lower or higher than normal haemoglobin levels due to the effects of the condition and any associated chronic kidney disease on erythropoietin levels. Treatment for this effect may be required.

5. Kidney and bladder stones

Guidelines affected	Reason for change
Whole blood	New entry incorporating 'Renal colic' section of the former 'Kidney and bladder disease' entry, with addition of 'Obligatory' and 'Discretionary' criteria and 'Additional information'.

Essential information

<u>Includes</u>	<u>Renal colic, renal stones</u>
<u>Obligatory</u>	<u>Must not donate if:</u> <u>Symptomatic</u> <u>Under or awaiting investigation or results</u> <u>Under or awaiting follow-up by a specialist</u> <u>Requiring any treatment, procedure or medication</u> <u>Has an underlying cause that precludes donation</u>
<u>Discretionary</u>	<u>If the donor is well, and:</u> <u>Has normal renal function, and</u> <u>Investigations are complete, and</u> <u>Is under GP care only, and</u> <u>Is not requiring any treatment, including analgesics, and</u> <u>Is eligible following any procedure or surgery, and</u> <u>Any underlying cause does not preclude donation, accept.</u>

Supporting information

<u>See if relevant</u>	<u>Endoscopy</u> <u>Shunts, stents and devices</u> <u>Surgery</u> <u>Urinary tract infection (UTI)</u>
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Additional information

Most kidney stones are small enough to be passed out in the urine.

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).

If a kidney stone is too big to be passed naturally, treatment to remove it may be required:

- extracorporeal shock wave lithotripsy
- ureteroscopy
- percutaneous nephrolithotomy
- open surgery

Kidney stones may be due to an underlying medical condition, diet or medication, but are commonly associated with infection.

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.

It is important to ensure that there is not an underlying cause that would prevent donation.

6. Urinary tract infection (UTI)

Guidelines affected	Reason for change
Whole blood	New entry incorporating 'Infection' section of the former 'Kidney and bladder disease' entry, with addition of guidance relating to urinary antiseptic therapy and vaccination to prevent urinary tract infections.

Essential information

<u>Includes</u>	• Cystitis (bladder infection) • Pyelonephritis
<u>Obligatory</u>	<u>Must not donate if:</u> 1. Has active infection 2. Less than 2 weeks from recovery or resolution of a urinary tract infection 3. Less than 7 days from completing a course of systemic antibiotics, antifungal or antiviral treatment to treat a urinary tract infection 4. Under or awaiting investigation or results 5. On antibiotics or other treatment (e.g. urinary antiseptic therapy or course of vaccination to prevent urinary tract infection)
<u>Discretionary</u>	1. If the donor has taken a single dose of an antibiotic after sexual intercourse to prevent urinary tract infection, is symptom-free on the day of donation, and does not have an underlying condition that prevents donation, accept. 2. Once it is more than 12 months since: a. completion of a course of sublingual vaccine administration (e.g. Uromune®). b. stopping preventative antibiotic or antiseptic therapy, and the donor has not had a recurrence of urinary infection in that time, accept.

Supporting information

See if relevant

- [Polycystic kidney disease](#)
- [Kidney and bladder stones](#)

Additional information

[Donors may be taking prophylactic antibiotics long-term or as single postcoital doses. Anatomical anomalies within the urinary tract can make individuals more prone to recurrent infections. If a donor is accepted in accordance with the Discretionary guidance above, the importance of informing the relevant blood service of symptoms suggestive of UTI occurring within 14 days of donation must be emphasised with the donor.](#)

[Donors on long-term antibiotics or urinary antiseptic therapy \(e.g. methenamine hippurate\) may have ongoing UTI without having any symptoms. As an active infection at the time of donation cannot be ruled out, these donors must not be accepted.](#)

[Waiting a period of time following cessation of prophylactic antibiotics for recurrent UTI and following completion of vaccination, to ensure its success, is advised.](#)

[The kidneys and bladder are located at either end of the body's urinary system; this anatomical relationship means that pyelonephritis is most often due to ascending urinary tract infection.](#)

7. Bladder dysfunction

Guidelines affected	Reason for change
Whole blood	New entry which incorporates the 'Interstitial cystitis' section of the former 'Kidney and bladder disease' entry. The more commonly used term 'painful bladder syndrome' has been included.

Essential information

<u>Also known as</u>	Bladder problems
<u>Includes</u>	• Overactive bladder syndrome • Painful bladder syndrome (interstitial cystitis) • Age-related lower urinary tract symptoms • Urinary incontinence • Antimuscarinic therapy • Alpha blockers for bladder problems
<u>Obligatory</u>	<u>Must not donate if:</u> 1. Under or awaiting investigation 2. Has an associated condition which would prevent donation 3. Has required catheterisation within the last 7 days 4. On treatment with pentosan polysulfate sodium (Elmiron®) 5. Less than 4 months since cystoscopy with or without botulinum toxin injection 6. Less than 14 days from completion of course of bladder instillation
<u>Discretionary</u>	<u>If the donor is well, and:</u> 1. Investigations are complete, and 2. There are no associated conditions or treatments which would prevent donation, and 3. Symptoms are controlled on medication (other than pentosan polysulfate sodium, Elmiron®) if required and without significant side-effects, and

4. [It is 4 months or more since cystoscopy with or without botulinum toxin injection, and](#)
5. [It is 7 days or more since catheterisation, and](#)
6. [It is 14 days or more since bladder instillation, and](#)
7. [It is 7 days or more since completion of treatment with pentosan polysulfate sodium \(Elmiron®\), accept.](#)

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Chronic fatigue syndrome](#)
- [Disabled donor](#)
- [Endoscopy](#)
- [Kidney and bladder stones](#)
- [Neurosurgery](#)
- [Prostate problems](#)
- [Shunts, stents and devices](#)
- [Surgery](#)
- [Urinary catheterisation](#)
- [Urinary tract infection](#)

Additional information

[Lower urinary tract symptoms commonly occur as people get older; they include urgency, frequency, nocturia, flow and emptying issues, and incontinence. Investigation and treatment of can involve cystoscopy and/or catheterisation, as well as medication.](#)

[The term 'overactive bladder' is generally used when symptoms significantly impact the person's life. Treatment can be through lifestyle changes, bladder training, exercises, and with antimuscarinics \(e.g. oxybutynin\), the antidepressant duloxetine, or other medications such as mirabegron \(Betmiga®\), desmopressin and diuretics. Care should be taken to ensure that the donor's symptoms are controlled on their current treatment, without any effects that could impact their safety during or after donation \(e.g. fainting\), but otherwise these medications do not preclude donation. Other treatments include catheterisation \(self, intermittent or long-term\) surgery, and nerve stimulator devices; also bladder instillations as for painful bladder syndrome \(PBS\) and botulinum toxin injections which may be repeated every few](#)

months. Investigation and treatment can involve cystoscopy and/or catheterisation.

Interstitial cystitis (IC), also known as PBS, 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 (IBS), fibromyalgia, chronic fatigue syndrome (CFS), autoimmune disease and anxiety disorder. It may also be caused by traumatic injury to the bladder or pelvic floor muscles and precipitated by infection. There can be chronic or frequent recurrent urinary tract and bladder 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; also bladder instillations with combinations of local anaesthetic agents, steroids, sodium bicarbonate, heparin, hyaluronic acid, chondroitin sulphate and antibiotics to produce local relief, calm inflammation and restore the bladder lining. A 14-day deferral after completion of a course of instillation treatment is advised. If there has been infection present, a 14-day deferral from recovery must also be observed.

Use of neuromodulation techniques with a transcutaneous electrical nerve stimulation (TENS) machine does not prevent donation.

8. Blood pressure, high

Guidelines affected	Reason for change
Whole blood	Removal of additional information about the cardiac and renal complications associated with hypertension that are contained within the relevant 'Cardiovascular disease' and 'Impaired renal function' entries. A link to the latter, which is a new entry, has been added. The link to the former 'Kidney and bladder disease' entry has been removed.

Essential information

Obligatory	Must not donate if: 1. The cause of hypertension is under investigation 2. Antihypertensive medication has been altered in the last 4 weeks 3. Is having problems with feeling faint, fainting or giddiness 4. Has suffered from heart failure 5. 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 6. Has required surgery for a blocked or narrowed artery including any type of amputation 7. Has or has had gangrene
Discretionary	1. If the donor is being regularly assessed for high blood pressure but treatment has not been commenced, accept. 2. If the donor is taking medication for raised blood pressure and neither the type nor the dose has been changed in the last 4 weeks and they are otherwise well, accept. 3. 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.

Supporting information

See if relevant	• Cardiovascular disease • Cerebrovascular disease and intracranial haemorrhage • Diabetes mellitus • Impaired renal function • Kidney and bladder disease
Additional information	The rationale for not accepting donors on medication, other than beta blockers or diuretics, for the treatment of hypertension was reviewed by the Standing Advisory Committee on Care and Selection of Donors (SACCSd) in 2008. It was decided that available data did not support the deferral of all individuals with controlled hypertension taking other medications. In the UK, about 1 in 20 individuals has hypertension. Most people with hypertension are in good health and are fit to donate blood. It is however important to ensure that donors on antihypertensive treatment are not complications due to raised blood pressure are carefully assessed and, where necessary, donors are excluded from donating (e.g. those with heart failure or damage to their kidneys, or those experiencing hypotensive side effects from their medication).

9. Surgery

Guidelines affected	Reason for change
Whole blood	Guidance for living kidney donors has been added.

Essential information

Definition/s	Recovery from surgery: Donors can be considered to be recovered if they: • are well • are back to activities of daily living (e.g. housework, employment, driving) • have regained mobility Major surgery: For the purposes of donor selection, any surgical procedure where recovery is not achieved within 2 months.
<u>Includes</u>	<u>Living kidney donors</u>
Obligatory	Must not donate if: 1. For malignancy or other condition that would preclude donation 2. All wounds are not healed 3. There are signs or symptoms of any infection 4. Not recovered 5. Less than 4 months from major surgery 6. Less than 7 days from other surgery 7. Less than 4 months from any flexible endoscopic procedure 8. Requiring post-operative treatment or follow-up, except routine physiotherapy 9. Received a transfusion since 1 January 1980 10. Waiting for surgery that is: a. Expected to occur within 3 months, or b. Required due to possible malignancy 11. Less than 3 months from a surgical procedure performed outside of the UK and Republic of Ireland (ROI) 12. Less than 7 days after completing postoperative prophylactic anticoagulant treatment

Discretionary

1. If all other criteria are met and the donor has received a metal-on-metal hip replacement even if being monitored for blood chromium or cobalt levels, accept.
2. If the donor is waiting for surgery that is not required for possible malignancy, and:
 - a. The procedure is not expected to take place within 3 months, or
 - b. The procedure is minimally invasive and it is not expected to take place within 1 month, accept.
3. If the donor has recovered from surgery within the UK and ROI, and:
 - a. It is more than 4 months since major surgery, or
 - b. It is more than 7 days since any other form of surgery, and
 - c. It is more than 4 months since a flexible endoscopic procedure, and
 - d. There was no malignancy and the reason for surgery does not otherwise preclude donation, and
 - e. The donor did not receive a transfusion since 1 January 1980, and
 - f. All wounds are healed, and
 - g. There are no signs or symptoms of infection, and
 - h. The donor has been discharged from postoperative follow-up, and
 - i. The donor does not require ongoing postoperative treatment except routine physiotherapy, and
 - j. It is more than 7 days from finishing any anticoagulant treatment given to prevent postoperative thrombosis (e.g. DVT), accept.
4. If it is more than 3 months since a surgical procedure performed outside of the UK and ROI, and all other criteria for surgery performed within the UK and ROI are met (see 3 above), accept.
5. For a living kidney donor, if all surgery-related criteria are met, and they:
 - a. Have normal renal function, and
 - b. Do not have associated proteinuria or albuminuria, and
 - c. Do not have associated hypertension, and
 - d. Are under annual or less frequent follow-up, accept.

Supporting information

See if relevant	• Anaesthetic • Anticoagulant therapy • Cervical dysplasia • Disabled donor • Dental treatment • Endoscopy • Eye disease • Impaired renal function • Malignancy • Neurosurgery • Tissue and organ recipients • Transfusion • Wounds, mouth and skin ulcers • Xenotransplantation
Additional information	Surgery may cause significant blood loss. It is important that donors waiting for an operation should not be put at risk of anaemia or poor iron stores by donating prior to planned surgery. Unless the type of surgery planned is unlikely to result in significant blood loss, the donor should be deferred until after their planned surgery. This will minimise their own chance of needing a transfusion, which would of course prevent them from continuing as a donor. It is also important not to hinder the recovery of the donor. This requires waiting until they are fully recovered before they donate again. This guidance presumes that a validated NAT test for hepatitis C is negative; if this test is stopped, the guidance will change. Surgery may place the donor at risk of infection, either from unhealed wounds, or due to infection risks from infected staff or equipment. Although these risks are very small, it is important to wait long enough for the risks to have gone or until the tests performed by the Blood Services can pick up any infection that they test for that may have been transmitted to the donor through their surgery. As there may be uncertainty about these risks for surgery performed outside of the UK and ROI, a deferral period of 3 months is required. Minimally invasive surgery includes superficial skin procedures and procedures performed under infiltration with local anaesthetic agents and/or sedation.

This does not include procedures performed under regional anaesthesia (e.g. spinal, epidural) which may be used where joints and major body cavities may be accessed. The use of general anaesthesia may not indicate the invasiveness of a procedure and should not be used as a substitute to assessment of the donor regarding the procedure and their recovery. Donors can be accepted for donation once it is more than 7 days since a surgical procedure as long as they also fulfil all other criteria. Donors who have had minimally invasive surgical procedures are unlikely to have systemic effects from the surgery requiring recovery time. However, care should be taken to ensure that all wounds are dry and healing. An open wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Donors being monitored for chromium or cobalt levels following a metal-on-metal hip replacement can be accepted for donation.

Completion of postoperative monitoring, treatment and follow-up should be confirmed for every donor returning to donate. Thromboprophylaxis may be continued, usually for a few weeks only, after discharge from hospital. Donors who are recovered and are attending only physiotherapy appointments for ongoing rehabilitation can be accepted.

Regulatory information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005

10. 'See if relevant' links

Guidelines affected	Reason for change
Whole blood	Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.

For each entry below, the 'See if relevant' links will be updated as shown:

Entry	Link to be removed	Link(s) to be added
Anaemia	Kidney and bladder disease	Impaired renal function
Antibiotic therapy	Kidney and bladder disease	Urinary tract infection (UTI)
Diuretics	Kidney and bladder disease	n/a
Haematuria	Kidney and bladder disease	Nephritis Urinary tract infection (UTI)
Infection, general	n/a	Urinary tract infection (UTI)
Shunts, stents and devices	Kidney and bladder disease	Kidney and bladder stones Surgery
Turner syndrome	Kidney and bladder disease	Bladder dysfunction Impaired renal function Kidney and bladder stones Urinary tract infection (UTI)
Urinary catheterisation	Kidney and bladder disease	Bladder dysfunction Urinary tract infection (UTI)