Change Notification for the UK Blood and Tissue Services

Notification date 20 August 2026
Effective date 17 September 2026
Implementation To be determined by each Service

CN 28-2026

Parathyroid disease

	Content changed	Type of change	Guidelines affected
1	Parathyroid disease	New entry	**Whole blood**

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

1. Parathyroid disease

Guidelines affected	Reason for change
Whole blood	This is a new entry.

Essential information

Includes	• Primary, secondary and tertiary hyperparathyroidism • Hypoparathyroidism • Parathyroid adenomas and other tumours of the parathyroid glands
Obligatory	**Must not donate if:** 1. Under investigation or awaiting surgery 2. Associated with malignancy 3. Any underlying cause precludes donation (e.g. chronic kidney disease)
Discretionary	1. If the donor is well and has recovered from surgery for a benign parathyroid adenoma, and is not under specialist follow-up, Accept for whole blood or component donation. 2. If the donor has primary hyperparathyroidism, is well, and: a. Their calcium levels have been stable for at least 12 months, and b. They have no symptoms of hypercalcaemia, and c. The donor is not on treatment to control hypercalcaemia, Accept for whole blood donation only. 3. If the donor has hypoparathyroidism, is well, and: a. Their calcium levels have been stable for at least 12 months, and b. They have no symptoms of hypocalcaemia, and c. The underlying cause, if known, does not preclude donation, Accept for whole blood donation only.

Supporting information

See if relevant	• Impaired renal function • Malignancy • Surgery
Additional information	The parathyroid glands are usually located in the neck and secrete parathyroid hormone (PTH) which controls serum calcium levels through its actions on the skeleton, kidneys and small intestine. These disorders may be asymptomatic and identified by a low or high serum calcium result in routine blood testing. Other patients may present with symptoms of hypercalcaemia (e.g. thirst, abdominal pain, constipation, confusion) or symptoms of hypocalcaemia (e.g. paraesthesia, carpopedal spasm, tetany, anxiety and depression, renal stones, seizures). Increased PTH levels (hyperparathyroidism) are often due to benign parathyroid tumours (adenomas) which may require surgery. Other causes include chronic kidney disease and genetic disorders. Low PTH levels can occur after neck surgery (e.g. thyroidectomy) and will often resolve. Individuals with hypocalcaemia may exhibit Trousseau's sign (carpopedal spasm when a sphygmomanometer is inflated above systolic blood pressure). This is a marker of increased neuromuscular excitability. Sphygmomanometers and tourniquets used in blood donations do not apply this degree of pressure; donation should be stopped if the donor develops paraesthesia or carpopedal spasm.