

Belvidere Health Centre

Venesection GP Referral form



Patient

Date of Referral		DOB		Age	
Name				Gender	
Address					
Home Number		Mobile			

Carer/Emergency Contact Information

Name		Relationship to patient	
Home Number		Mobile Number	

Referring GP

Name		Provider Number	
Practice Name			
Address			
Phone		Fax	
Mobile		Email	

Reason for Venesection:

- Haemochromatosis (C282Y homozygosity or C282Y/H63D compound heterozygosity)
- Clinical iron overload supported by FerriScan® MRI or liver biopsy. **i.e. not for C282Y carrier with elevated serum ferritin and normal transferrin saturations.**
- Polycythaemia rubra vera
- Porphyria cutanea tarda

Procedure Prerequisites:

- Stable haemoglobin >120g/L
- Serum ferritin above 25µ/L, usually above 50µ/L
- Stable BP - systolic 110-160mmHg,
- diastolic 60-95mmHg
- Stable pulse 50-100/minute

Precautions:

- Patient is unwell
- Pathology levels for Haemoglobin or Ferritin are below prescribed target
- Venesection on a limb with venous catheters (temporary/permanent)
- Venesection on a limb with vascular grafts/shunts/fistulas
- Venesection on a limb affected by lymphoedema

Allergies			
Weight		Venesection volume	<ul style="list-style-type: none"> • 500ml • _____ml
<input type="checkbox"/> Attach Medical History and Medications Summary			
<input type="checkbox"/> Attach current Pathology Report for HB and Ferritin			



Appendix 1: Example Venesection Schedule for Hereditary Haemochromatosis

Reference: Author: Dr Katie Goot, MBBS, BSc, FACRRM, Volunteer GP Liaison Officer, Haemochromatosis Australia. March 2013

1. Iron unloading phase, target serum ferritin ~50µg/L

1. Weekly venesection of ~7mL/kg (maximum 550mL) whole blood
2. Confirm pre-venesection haemoglobin (Hb) >120g/L
3. Monitor haemoglobin (Hb) and serum ferritin (SF)

Haemoglobin: is it safe to remove more blood?

Delay for 1 week if pre-venesection Hb<120 g/L

Serum Ferritin: is it safe to remove more iron?

Monitor SF every 4-6 venesections, more often as level approaches 100µg/L

Oral supplements for vitamin B12 (5µg daily) and folate (500µg daily) support erythropoiesis during frequent venesections, **it may take many months or even years to unload excess iron.**

2. Lifelong maintenance phase, target Serum Ferritin ~50-100 µg/L

Venesections to maintain SF ~50-100 µg/L

May vary between individuals, often in the range 2-6 venesections per year

Check Hb before every venesection

Monitor SF periodically – at least every 12 months, maybe required every 2-6 months essential to monitor SF to ensure adequate levels maintained.

Referring Doctors Signature		Date	
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Please fax referral to Belvidere Health Centre on (08) 6253 2199 OR email the referral to ironclinic@archehealth.com.au. For any enquiries regarding services please contact us on (08) 6253 2100.

OFFICE USE ONLY

Suitable For Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinic Nurse Signature		Date	