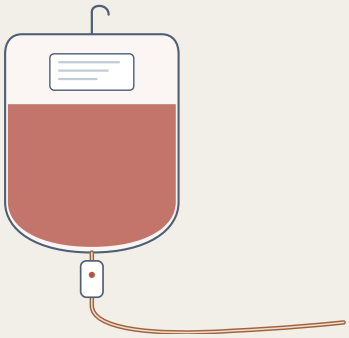
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

PATIENT INFORMATION

Blood Transfusion

Information and consent for patients, parents and guardians



This leaflet explains why a blood transfusion may be needed during or after neurosurgery, the risks and the alternatives. It applies to adults and children; where the patient is a child, a parent or guardian signs. Blood products in South Africa are supplied by the South African National Blood Service (SANBS).

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PATIENT DETAILS OR HOSPITAL LABEL

Patient name

Date of birth

ID / file no.

Procedure date

Version 1.0 · October 2026

Netcare Unitas Hospital
Room 403, Centurion

Nelson Mandela Children's Hospital
Private Suites, First Floor, 6 Jubilee Road, Parktown North

012 664 6026
HPCSA MP 0530077

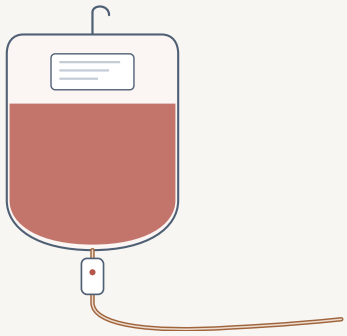
01 General information

Why might a transfusion be needed?

Most neurosurgical operations do not require a transfusion. It may be needed when there is significant bleeding, for example during major tumour, vascular, spinal or skull reconstruction surgery, or in small babies, where even a modest blood loss is a large proportion of their total blood volume. It may also be needed after injury or to correct a clotting problem.

What blood products are there?

- **Red blood cells** carry oxygen and are given for blood loss or anaemia.
- **Platelets** help blood to clot and are given when they are low or not working.
- **Plasma** (fresh frozen plasma) and **cryoprecipitate** contain clotting factors.
- **Other products**, such as albumin or concentrated clotting factors, are made from plasma.



Blood is given through a drip, with the bag and patient details checked against each other before and during the transfusion.

Is donated blood safe?

Blood donors are volunteers who are carefully screened, and every donation is tested for HIV, hepatitis B and C, syphilis and other infections. The risk of infection is now very low, but cannot be completely eliminated.

02 Alternatives to transfusion

- **Treating anaemia before surgery**, for example with iron tablets or an iron infusion.
- **Stopping blood-thinning medication** where safe.
- **Surgical and anaesthetic techniques** to reduce bleeding, including medicines such as tranexamic acid.
- **Cell salvage**: collecting your own blood lost during surgery, cleaning it and returning it, where available and suitable.
- **Accepting a lower blood count** where it is safe to do so.
- If you object to transfusion for religious or other reasons, please tell us early so that an individual plan can be made.

03 What to expect during a transfusion

- A sample of blood is taken beforehand to match the blood with yours.
- Before each unit, two staff members check your identity against the blood bag.
- Your pulse, blood pressure and temperature are checked regularly, especially in the first 15 minutes.

- A unit of red cells usually takes one to four hours.

04 Risks

Common

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- Mild fever, chills or an itchy rash, which are usually easily treated.

Less common

●●○

- **Fluid overload**, causing breathlessness, particularly in people with heart problems and in small children.
- Bruising or discomfort at the drip site.
- Development of antibodies, which can make matching blood more difficult in future or affect a future pregnancy.

Rare but serious

●○○

- **Severe allergic reaction** (anaphylaxis).
- **Transfusion of the wrong blood**, which the checking procedures are designed to prevent.
- Acute lung injury related to transfusion.
- **Transmission of infection**, which is extremely rare.
- Death. This is extremely rare.

05 After a transfusion: what is normal

- Most people feel no different, or more energetic if they were anaemic.
- A mild temperature may occur in the hours after a transfusion.

06 Recovery and records

- A record of the transfusion is kept in your hospital notes.
- You may not donate blood for a period after receiving a transfusion.
- Please tell any future doctor that you have received a transfusion.

07 When to contact us

Please tell the nurse immediately, or contact the rooms or your doctor, if during or after a transfusion you notice:

- Fever, chills or shivering
- Rash, itching or swelling of the face
- Shortness of breath, chest or back pain
- Feeling faint, dizzy or unwell
- Dark urine or passing very little urine
- Yellowing of the skin or eyes in the days after

IN AN EMERGENCY

If you have a seizure that does not stop, a sudden severe headache, collapse, chest pain or difficulty breathing, call an ambulance or go to the nearest emergency department immediately. Tell the staff about your recent operation and ask them to contact Professor Labuschagne.

THE ROOMS · OFFICE HOURS

012 664 6026

Elective appointments and queries, office hours, for both Netcare Unitas Hospital and Nelson Mandela Children's Hospital

AFTER HOURS

After hours, call the hospital switchboard and ask for Professor Labuschagne: Netcare Unitas Hospital 012 677 8000 · Nelson Mandela Children's Hospital 010 133 0600

Emergency services: Netcare 911 · 082 911 | National ambulance · 10177

NETCARE UNITAS HOSPITAL

Room 403, Netcare Unitas Hospital
866 Clifton Avenue, Lyttelton, Centurion

NELSON MANDELA CHILDREN'S HOSPITAL

Private Suites, First Floor
6 Jubilee Road, Parktown North, Johannesburg

08 Consent

I confirm that the reasons for a possible transfusion, its benefits, risks and alternatives have been explained, and I agree to the blood products indicated below if they are judged necessary. I understand that I may refuse, and that refusal may increase the risk of serious harm or death in an emergency.

SPECIFIC PERMISSIONS

Red blood cells	☐ I agree	☐ I do not agree
Plasma and platelets	☐ I agree	☐ I do not agree
Other blood products (e.g. albumin, clotting factors)	☐ I agree	☐ I do not agree

Questions I have discussed

Please write down any questions you asked and any particular concerns that were discussed.

My acknowledgement

Please tick each statement.

- ☐ I have read this leaflet and understand why a transfusion may be needed.
- ☐ The risks and alternatives have been explained to me.
- ☐ I have had the opportunity to ask questions.
- ☐ I understand that this consent applies to this admission, unless I withdraw it.
- ☐ I have told the team about any previous reactions to transfusion or religious or personal objections to blood products.

PATIENT

Full name _____ ID number _____

Signature _____ Date and time _____

If the patient is unable to consent: person consenting on the patient's behalf (National Health Act, section 7)

Full name _____ Relationship _____

Signature _____ Date and time _____

SURGEON'S STATEMENT

I have explained the indications for transfusion, the products involved, their benefits, material risks and alternatives, and answered questions as fully as possible.

Surgeon: Professor Jason John Labuschagne | HPCSA no.: MP 0530077

Signature: _____ | Date and time: _____

INTERPRETER (IF USED)

I have accurately interpreted the contents of this document and the discussion between the doctor and the patient.

Full name: _____ | Language: _____

Signature: _____ | Date: _____

WITNESS

Full name: _____ | Capacity: _____

Signature: _____ | Date: _____

A copy of this signed document will be kept in the medical record and a copy offered to the patient. Personal information is processed in accordance with the Protection of Personal Information Act 4 of 2013. · Professor Jason John Labuschagne · HPCSA MP 0530077 · Version 1.0 · October 2026