



### **Therapeutic Phlebotomy Department**

Time Square, 660 SW 39<sup>th</sup> Street, Suite 245, Renton, WA 98057

(800) 266-4033 or (425) 453-5098 Fax (425) 251-1977

**Email:** [therapeuticphlebotomy@bloodworksnw.org](mailto:therapeuticphlebotomy@bloodworksnw.org)

### **Informed Consent for Therapeutic Phlebotomy for Iron Overloading Conditions**

**Procedure:** Therapeutic Phlebotomy consists inserting a needle through the skin into a vein, and removing up to one fifth of the blood from your body (about two cups). Your body will replace the fluid portion of the blood in hours and replace the red blood cells over several days.

**Possible benefits:** Some persons have a genetic condition that causes them to absorb more iron from their diet than their body needs. Eventually the places the body normally stores excess iron are full and the iron begins to be deposited in the tissues where it may cause scarring of the liver and other organs.

The red blood cells removed from the body by Therapeutic Phlebotomy will be replaced by new red blood cells over the next week or so. Making new red blood cells will remove iron from storage in your body. By repeating this process frequently for 3 to 12 months, the iron will be removed from storage in your tissues and used to make the replacement red cells.

From time to time we receive requests from investigators for red blood cells for research and laboratory standards. Your blood may be released for this purpose. You will not be identified and your personal information will not be shared with those investigators.

**Possible risks:** It is unlikely that removing 500 mL (about 2 cups) of blood from your body will cause serious side effects. However, the reduction in the amount of circulating blood may lower your blood pressure for a short time reducing oxygen to your upper body including your brain and causing faintness. This most often happens when you haven't been drinking enough fluid prior to the procedure. When faintness occurs it can usually be managed by lowering your head by lying down and elevating your legs. Drinking fluids can help replace that volume. Occasionally, if the drop in blood pressure is severe, giving fluid through the vein may be needed and may require ambulance transfer to an emergency room, or rarely hospitalization. If decreased blood flow to the brain occurs and is not promptly treated, it could cause a seizure or loss of consciousness. Persons with medical conditions such as heart or lung disease may be more sensitive to the loss of blood and could trigger an event related to these diseases with any of the possible risks of these diseases including death. If you have one of these diseases be sure to discuss with your health care provider what increased risks you might have from Therapeutic Phlebotomy and discuss whether the possible benefits are worth the risks.

The other common risk from phlebotomy is incomplete clotting when the needle is removed from the vein causing blood to leak into the skin (bruise), or cause external bleeding. These usually can be controlled by pressure to the site where the needle was inserted and usually heal without any lasting effect.



**Therapeutic Phlebotomy Department**

Time Square, 660 SW 39<sup>th</sup> Street, Suite 245, Renton, WA 98057  
(800) 266-4033 or (425) 453-5098 Fax (425) 251-1977  
Email: therapeuticphlebotomy@bloodworksnw.org

**Informed Consent for Therapeutic Phlebotomy for Iron Overloading Conditions**

Uncommon risks include infection from bacteria or viruses that remain even after the disinfection of the skin and being carried by the needle into the blood stream causing a severe infection. Another uncommon risk is irritation or damage to the nerve which is next to the blood vessel where the needle is inserted which may cause temporary or permanent numbness, tingling, burning or pain.

Patient's Statement: I have read this information and my questions have been answered. I agree to have my blood drawn as a treatment for my medical condition of iron overload.

I am the patient and I am at least 18 years of age

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Printed Name

The patient is under 18 years of age

I am legally authorized to consent to medical procedures on behalf of:

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient