Change Notification for the UK Blood Transfusion Services

No. 11 - 2023

Recurrent Thrombophlebitis

New and revised entries

Changes are indicated using the key below. This formatting will not appear in the final entry.

original text

«inserted text»

The following changes apply to:

BM-DSG

CB-DSG

Geographical
Disease
Blood Stem Cell

Cord Blood

CB-DSG

TL-DSG

WB-DSG

Whole Blood
& Components

1 «Superficial Thrombophlebitis» (new entry)

«Also known as	Superficial vein thrombosis; Thrombophlebitis; Phlebitis
Definition	Inflammation of a superficial vein due to a blood clot. For the purposes of donor selection, superficial thrombophlebitis is not considered to be a significant clotting episode unless the clot has extended to a deep vein.
Obligatory	Must not donate if:
	a) It is less than 7 days since recovery and cessation of treatment; or
	b) It is less than 14 days since recovery from an associated infection; or
	c) The donor is under investigation for recurrent superficial thrombophlebitis; or
	d) The donor has a history of recurrent superficial thrombophlebitis associated with thrombophilia; or
	e) An underlying cause has been identified which would preclude donation; or
	f) It is associated with poor skin integrity of the lower limbs, arising as a complication of varicose veins and/or chronic venous insufficiency.
Discretionary	a) If associated with Deep Vein Thrombosis (DVT), refer to the Thrombosis and Thrombophilia entry.
	b) Otherwise, if:
	 It is at least 7 days since recovery and treatment (including NSAIDs or anticoagulants), and
	It is at least 14 days since recovery from an associated infection, and

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See if Relevant

Additional Information

The donor is not under investigation, and
Any underlying cause does not preclude donation, and
 The donor does not have chronic skin damage which could pose an infection risk,
Accept.
Thrombosis and Thrombophilia
Varicose Veins and Chronic Venous Insufficiency
Superficial thrombophlebitis is a common condition usually, but not exclusively, affecting the lower limbs. It is caused by clot formation in a superficial vein which in turn gives rise to inflammation with associated pain, tenderness, redness and hardness of the vein. Usually the condition is mild and self-limiting, settling over a few weeks. Treatment is typically pain relief and NSAIDs. Antibiotics should only be prescribed if there is associated infection.
Superficial thrombophlebitis can sometimes occur in association with DVT. Some patients with thrombophlebitis may be treated with anticoagulants to reduce any risk of the clot extending to a deep vein.
Risk factors for superficial thrombophlebitis include varicose veins; a previous history of thrombophlebitis; IV cannulation; female sex; the oral contraceptive pill or hormone replacement therapy; thrombophilia, increasing age; some autoimmune diseases; and cancer. Provided a serious underlying cause is not suspected or has been excluded, a history of thrombophlebitis on its own is not a reason for deferral. However donors with a history of thrombophilia

Individuals with complications of varicose veins affecting the lower limb are at risk of recurrent superficial thrombophlebitis. It is important that donors with recurrent episodes are asked about any skin damage, such as inflamed venous eczema or skin ulceration, before being accepted. This is to reduce the risk of bacterial contamination of donated blood arising from a breach of the normal skin defences.

associated with repeated episodes of thrombophlebitis should be

Reason for Change This is a new entry. It replaces the previous 'Phlebitis' entry.»

deferred.

2 Thrombosis and Thrombophilia entry

Obligatory	For Acquired Thrombophilia, see:
	Is there a specific A-Z entry for the underlying cause?
	Must not donate if:
	a) Due to atherosclerosis (e.g. coronary thrombosis).
	b) Two or more episodes of thrombosis requiring treatment.
	c) Less than seven days after completing anticoagulant therapy.
	d) Has thrombophilia and has had one or more episodes of thrombosis.
	e) «Has thrombophilia associated with a history of recurrent superficial thrombophlebitis»
	«f)» History of Vaccine Induced Thrombotic Thrombocytopenia (VITT), Thrombotic Thrombocytopenic Purpura (TTP) or Heparin Induced Thrombocytopenia (HIT).

Discretionary	a) If a first episode of thrombosis, such as deep vein thrombosis (DVT), retinal vein thrombosis or pulmonary embolism (PE):
	 If no underlying cause that excludes the donor has been identified, and
	The donor is not known to have thrombophilia, and
	 The donor is well and anticoagulant therapy (if used) has been stopped for at least seven days,
	accept.
	b) If the potential donor has thrombophilia and,
	The donor is not on antithrombotic therapy, and
	The donor has never had an episode of thrombosis, and
	 The donor has not been treated with antithrombotic therapy for recurrent pregnancy loss, and
	 The donor has never been treated with plasma-derived clotting factor concentrates, and
	 If relevant, the underlying cause of an acquired thrombophilia (see additional information) does not exclude the donor,
	accept.
	c) If the potential donor has a history of Axillary Vein Thrombosis, refer to a DCSO.
	d) If the potential donor has a history of Superficial Thrombophlebitis, and
	 The donor is not on antithrombotic therapy, and
	 No underlying cause has been identified which precludes donation,
	accept.
	«d) If the donor has a history of superficial thrombophlebitis (superficial vein thrombosis) see Superficial Thrombophlebitis»
See if Relevant	Anticoagulant Therapy
	Autoimmune Disease
	Cardiovascular Disease
	Drug Index – preparations which may affect platelet function
	Malignancy
	Nonsteroidal Anti-Inflammatory Drugs
	«Superficial Thrombophlebitis»
Additional Information	Thrombophilia is a broad medical term which describes a multifactorial condition where the blood has an increased tendency to clot. Individuals with thrombophilia can present with arterial or venous thrombosis. The causes of thrombophilia include inherited and acquired disorders, and a combination of causes may be present.
	Inherited causes of thrombophilia may be discovered through family testing. These include:
	Antithrombin, Protein C and Protein S deficiency
	Factor V Leiden and prothrombin gene mutations
	Acquired causes of thrombophilia may present later in life and can be associated with:
	Malignancy including myeloproliferative neoplasms
	Antiphospholipid syndrome and other autoimmune connective tissue disorders. These may be associated with a

lupus anticoagulant and/or anti-cardiolipin antibodies on laboratory testing.

Retinal Vein Thrombosis (also known as Retinal Vein Occlusion) is a form of retinal vascular disease and can affect central or branch retinal veins. The condition is uncommon under the age of 60 but becomes more frequent in later life. The condition may be associated with risk factors including hypertension, hyperlipidaemia, diabetes mellitus, atherosclerosis, and smoking.

VITT, TTP and HIT are rare disorders characterised by arterial or venous thrombosis in combination with a low platelet count (due to platelet consumption). Donors who recover from these disorders are unlikely to be eligible to donate due to the therapy they received (e.g the primary treatment for TTP is plasma exchange with FFP) or an underlying condition (e.g. the indication for Heparin therapy that triggered HIT). VITT was recognised as a complication of some SARS-CoV-2 (COVID-19) vaccinations.

Axillary Vein Thrombosis can be precipitated by excessive use of the arm (e.g. sports or working above head level) but other precipitants include venous compression in thoracic outlet syndrome, diabetes, smoking, malignancy and venous canulation. The donor may be eligible to donate if the underlying cause has been identified and corrected, but this should be balanced with the remote risk of local complications from a subsequent donation.

«Superficial thrombophlebitis, also known as superficial vein thrombosis, is a common condition usually, but not exclusively, affecting the lower limbs. It is characterised by inflammation in a superficial vein associated with clot formation.» Superficial thrombophlebitis is inflammation of a vein just under the skin, usually in the leg, which can be accompanied by a small blood clot. This is different to, and less serious than, a deep vein thrombosis (DVT). If the superficial clot extends to where the superficial and deep veins join, a DVT can develop. Superficial thrombophlebitis normally settles within two to six weeks. Some individuals may be treated with anticoagulants to reduce the risk of extension. «Recurrent superficial thrombophlebitis is sometimes associated with a diagnosis of thrombophilia.»

Reason for Change

«Revision of guidance and information for superficial thrombophlebitis. Addition of link to the Superficial Thrombophlebitis entry.»

This entry has been renamed and revised to include more detail about a range of thrombotic and thrombophilic disorders.

3 Anticoagulant Therapy entry

«Definition	An anticoagulant is a drug taken to limit the ability of blood to form a clot. Examples include heparin, warfarin and direct-acting oral anticoagulants (DOACs) such as apixaban, rivaroxaban and dabigatran.»
Obligatory	Must not donate if:
	a) Receiving anticoagulant treatment «or has been treated with anticoagulants in the last seven days
	b) The underlying reasons for anticoagulant treatment requires deferral».
	b) Has been treated for recurrent thrombosis (two or more episodes).
Discretionary	«a) If prescribed for treatment of venous thromboembolism:

	See Thrombosis and Thrombophilia
	·
	b) Otherwise, if treatment was completed more than seven days ago and:
	The reason for treatment does not preclude donation, and
	The donor is not under investigation,
	accept.»
	If treatment was completed more than seven days ago and a specific cause, not of itself a reason for exclusion, has been identified for an isolated deep vein thrombosis or pulmonary embolism, accept.
See if Relevant	Cardiovascular Disease
	«Clopidogrel»
	Drug Index – preparations which may affect platelet function
	Nonsteroidal Anti-Inflammatory Drugs (including aspirin)
	Thrombosis
	«Superficial Thrombophlebitis
	Thrombosis and Thrombophilia»
Additional Information	«There are many reasons that someone might be treated with an anticoagulant drug. It is important that the underlying indication for treatment is included in the assessment of the donor's eligibility to donate.
	While on anticoagulant treatment, it is» <i>Treatment with</i> anticoagulants makes it more likely that a donor will bleed or bruise after donation. The «effect» affect of treatment wears off over some days. After seven days the blood clotting mechanisms should be back to normal.
	«Donors taking antiplatelet medication such as aspirin or clopidogrel should be assessed using the relevant entries for their medication and the underlying reason for treatment.»
	If the donor has cardiovascular disease, removing blood from the circulation will put the donor at risk of having a heart problem.
	Some causes of thrombosis make it more likely that blood clots will happen again. This could be made worse by donating.
Reason for Change	«The scope of the entry has been clarified, with addition of a definition for anticoagulant medication. Additional links have been added to the See if Relevant section.»
	The 'Obligatory' entry has been modified. A link has been added to 'Nonsteroidal Anti-Inflammatory Drugs'.

4 Varicose Veins «and Chronic Venous Insufficiency» entry

Obligatory	Must not donate if:
	«a) The donor has inflamed, broken or ulcerated skin.
	b) The donor has superficial thrombophlebitis.
	c) The donor has chronic venous insufficiency associated with persistent skin changes affecting skin integrity.
	d) It is within one week of treatment by injection (sclerotherapy).
	e) The donor has had laser therapy which has not yet healed.»
	a) Active Inflammation.
	b) Thrombosis.



	c) Ulceration. d) Within one week of injection.
Discretionary	«If fully recovered from any non-surgical treatment and at least seven days after sclerotherapy, accept. For surgical treatment, refer to the Surgery guideline.» If otherwise well, accept.
See if Relevant	Laser Treatment Phlebitis «Superficial Thrombophlebitis» Surgery Thrombosis «and Thrombophilia» Wounds, Mouth and Skin Ulcers
Additional Information	Varicose veins are not a reason for deferral. However if there has been recent treatment, or if there is active inflammation, thrombosis or ulceration, the donor should be deferred. This is to minimise any risk of thrombosis in the donor «or» and transfer of infection to the recipient. «There are many treatments for varicose veins, including sclerotherapy (injection of material to block the vein), endothermal or laser ablation, and surgery to remove affected veins. Newer treatments may also be available. It is important that the donor is fully recovered from any treatment. Chronic Venous Insufficiency is a condition where the normal flow of blood from the lower limbs back to the heart is impaired, leading to
	pooling of blood (stasis) in the legs. It can give rise to persistent inflammation and ulceration of the skin. If this occurs, it is a blood safety risk, due to breach of the normal skin barriers to bacterial infection.»
Reason for Change	«Addition of chronic venous insufficiency to the title. New guidance for donors with persistent skin damage relating to venous insufficiency. Clarification of deferral requirements after treatment. Revision of See if Relevant section to reflect other DSG changes.» An 'Obligatory' entry and 'Additional Information' has been added. A link has been added for 'Laser Treatment' and for 'Wounds, Mouth
	and Skin Ulcers'.

5 Wounds, Mouth and Skin Ulcers entry

Obligatory	Must not donate if:
	«a)» Has infected wounds, or skin ulcers, sores or mouth ulcers.
	«b) Has persistently inflamed or broken skin, associated with cardiovascular disease, chronic venous insufficiency, lymphoedema, diabetes mellitus or other medical condition.»
Discretionary	If an individual has an uninfected wound or small non-infected aphthous ulcers only, accept.
See if Relevant	Autoimmune Disease Cardiovascular Disease

	Diabetes Mellitus
	Infection – General
	Malignancy
	Surgery
	Tetanus – 2. Immunization
	Varicose Veins «and Chronic Venous Insufficiency»
Additional Information	An infected wound, a sore or an ulcer 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.
	A small individual aphthous ulcer in an otherwise healthy person does not pose such a risk. Donors with recurrent severe aphthous ulceration may have a serious underlying condition, such as an autoimmune disease.
	«Persistently inflamed or broken skin, usually of the lower limbs, is a complication of a range of medical conditions which affect the cardiovascular and/or lymphatic systems. There is an increased risk of bacterial contamination in a blood donation if the donor's normal skin integrity is impaired.»
Reason for Change	«Addition of guidance for donors with persistent damage to the skin of their lower limbs.»
	To clarify the nature of wounds that are acceptable.

6 Phlebitis entry

This entry will be removed. This is being replaced with the Superficial Thrombophlebitis entry.

7 Links within other entries

The See if Relevant link shown below

See if Relevant	Thrombosis «and Thrombophilia»
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will be amended in the following WB-DSG entries:

- Autoimmune Disease
- Cardiovascular Disease
- Eye Disease

8 A-Z index changes

The following index entries will be created:

Superficial Thrombophlebitis

Superficial Vein Thrombosis » Superficial Thrombophlebitis

Chronic Venous Insufficiency » Varicose Veins and Chronic Venous Insufficiency

Lymphoedema » Wounds, Skin and Mouth Ulcers

The following index entries will be amended:

Phlebitis » Superficial Thrombophlebitis

Phlebothrombosis » Superficial Thrombophlebitis Phlebitis

Thrombophlebitis » Superficial Thrombophlebitis Phlebitis

Varicose Veins «and Chronic Venous Insufficiency»

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