

Should You Bank Your Own Blood?

Tainted Supply in Six States Prompts Increase in Deposits; Screening for Anthrax

By ANN CARRIS
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LAST WEEK, KATHLEEN Paluczak, a 58-year-old office administrator in St. Louis, deposited a unit of her blood in a local blood bank. This week, she plans to make a withdrawal—for her own knee-replacement surgery scheduled for tomorrow.

The number of people banking blood for their own use has increased in the South since the discovery of mysterious white particles in bags of blood in the region two weeks ago. The situation has resurrected fears about the safety of the nation's blood supply and sparked new worries over other potential threats such as bioterrorism and West Nile virus.

Federal agencies and the Red Cross are still investigating the history of the white substance found in 120 bags of blood, a discovery that disrupted supplies and forced the rescheduling of elective surgeries in at least six Southeastern states. Tests show the material isn't infectious, but its exact identity isn't confirmed.

Yesterday, the American Red Cross announced

that the particles are "normal blood components" such as platelets, but the group, along with federal agencies, is still investigating the safety and appearance of the substance.

Still, highlighting the nation's jittery mood, the FBI requested that the tainted blood be tested to see if it had been laced with bioterrorism agents such as anthrax, Ebola or smallpox. The tests were negative.

Suspicion of bad blood has pushed blood-bank deposits up before. Self-donations—or autologous donations, in medical lingo—reached a peak of 8.5% of all blood collections in 1992 amid concerns

about HIV, the virus that causes AIDS. They declined to 4% in 2001, according to the National Blood Data Resource Center, largely because improved tests and screening have reduced the risk of transmitting HIV to about one in two million.

Today, interest in self-donations—as well as "directed" donations, in which a family member or friend donates for a patient—is pulsing again in the Southeast, says LifeSouth Community Blood Center in Atlanta, one of a chain of 10 non-profit blood banks in the

Making a Deposit

While doctors stress the safety of blood supplies, patients may want to consider self-banking in some situations:

- Elective surgeries carrying a risk of large blood loss, such as hip replacement, knee replacement and prostatectomy.
- Periods in which blood is in tight supply when surgery is to be performed.
- Patients with certain medical conditions, such as sickle cell anemia, requiring numerous blood transfusions.
- People who want extra insurance against tainted blood.



South. Directed donations are averaging three per day now, compared with three per week before the Red Cross took the precautionary step of quarantining all blood collected by the Red Cross's Georgia region, says Renee Hance, who handles self-donations for LifeSouth.

Typically, a self-donor makes a visit to a local blood bank a couple weeks before surgery, and presents a "prescription" from a doctor for the amount of blood to be drawn. The patient undergoes basic health screening and if the blood iron is low, they are rejected. Even patients with cancer

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or other conditions can donate their own blood, doctors say, as long their bodies are strong enough. If the blood is healthy, a technician draws it, labels it and sends it to the hospital where the surgery will be performed. The cost to patients varies, depending on their insurance, but generally ranges between \$250 and \$450.

In an effort to reassure the public, the Food and Drug Administration said last week that "for patients who need blood, the benefits of transfusion continue to outweigh the risks." Still, each year, one or two people contract malaria infection through donated blood, and new, troubling threats continue to test the vigilance of blood-safety regulators.

Last fall, the Centers for Disease Control and Prevention took the unusual step of recommending autologous transfusions for elective surgery over concerns

that West Nile virus—which can cause encephalitis, a sometimes-fatal brain swelling—could spread through blood transfusions. Four deaths last year were tied to transfusions with West Nile-tainted blood.

Researchers are working to develop a quick blood test for West Nile virus. Still, some blood banks expect to see another bump in self-donations when mosquito season starts. "Come next April or May, we'll see more demand," predicts German Lepore, chief medical officer of Florida Blood Services, a blood bank in St. Petersburg, Fla.

But self-banking isn't trouble-free, either. John Rickman, a 71-year-old Atlanta man, recently banked two units of his own blood at a local American Red Cross office before surgery on a major blood vessel in his abdomen. The night before his surgery, his doctor called to say his own blood had been quarantined

because it is expensive—costs run up to 30% more for hospitals—and involves more staff work because it must be separately labeled, stored and tracked.

Surprisingly, as much as half of autologous blood collected ends up in the trash. If it isn't used, it can't be given to someone else because it doesn't undergo the testing done on general donors. Nor can the blood be saved for the donor's future use because blood can be stored for no more than 42 days.

A technique exists to freeze blood for months or even years, but it is costly and is typically used only if the patient has a rare blood type or some other unusual condition. "We'd certainly do it for someone with a real need," says Anne Neff, director of transfusion services at the Vanderbilt University Medical Center in Nashville. "I'd be reluctant to do it for someone who was just paranoid."

as part of the safety effort of the Red Cross's Georgia region. While his own blood sat in a refrigerator, doctors performed the surgery using donor blood.

Ideally, banked blood works best for elective surgeries such as hip or knee replacements, which call on an average for two units of blood to be transfused. Patients with rare blood types are obvious candidates, as are patients living in areas where there are blood shortages.

Doctors recommend that patients donate their healthy blood at least two weeks before any operation to give their bodies time to replenish red blood cells, ruling out emergency surgeries. If not enough replenishing time is allowed, "you wind up leaving the hospital more anemic than if you hadn't donated your blood at all," warns Mark Brecher, professor of pathology and laboratory medicine at the University of North Carolina in Chapel Hill.

Many hospitals don't encourage autol-

THE WALL STREET JOURNAL.

FEBRUARY 12, 2003
