

Exchange transfusion for Neonatal Jaundice

Patient leaflet

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please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

The nature and reasons for the condition

Jaundice is the name given to the yellow appearance of the skin and eyes. It is due to the build up of a chemical in the body called bilirubin, which is normally passed out of the body in urine and stool (poo). Jaundice is common in newborn babies. It usually occurs in the early postnatal period and can last up to 2 weeks in a full term baby and 3 weeks in a pre-term baby. If your baby remains jaundiced beyond this point, we refer to it as prolonged jaundice. In most babies, jaundice is not harmful. However, it can become harmful for some babies if the bilirubin reaches a very high level and it is not treated.

What is an exchange transfusion?

An exchange transfusion for neonatal jaundice is a procedure that replaces a baby's blood containing high levels of bilirubin with donor blood that has low levels of bilirubin. This is a potentially life-saving process to lower bilirubin levels when phototherapy is not effective or bilirubin levels are extremely high, reducing the risk of brain damage and other complications like kernicterus.

During an exchange transfusion, your baby's blood will be removed through a thin plastic tube placed into blood vessels in their umbilical cord, arms or legs. The blood is replaced with blood from a suitable matching donor (someone with the same blood group). Blood is replaced as the new blood will not contain bilirubin, the overall level of bilirubin in your baby's blood will fall quickly.

Why does my baby need an exchange blood transfusion?

The most common indication for exchange transfusion is high levels of jaundice possibly with a low blood count. This is due to excessive breakdown of your baby's red blood cells. The aim of treatment is to prevent any harmful effects of jaundice on the baby's brain and other internal organs.

Normally jaundice is treated with phototherapy (purple/blue lights). When the jaundice levels are really high and not responding to phototherapy, exchange transfusion may be necessary.

How your baby will be monitored

Your baby's heart rate, blood pressure, breathing and temperature will be monitored very closely throughout the procedure. We will do blood tests at the start of the procedure, halfway through and again at the end of the procedure to help assess the effectiveness of the treatment.

Are there any complications from exchange transfusion?

There are risks associated with the procedure, such as low blood count, fluid overload, abnormal salt or sugar levels, low temperature and infection. Serious complications can include abnormal heart rhythms and seizures (fits). Very rarely it may result in death, these babies are usually very unwell with additional medical problems.

Does the procedure need repeating?

Occasionally it may be necessary to do the exchange transfusion a second time, although it is usually needed just the once.

Consent for the procedure:

Your doctor will explain about the benefits of the procedure as well as the risks involved. You will be asked to sign consent (permission) before going ahead with the procedure. You will only be asked to sign the consent form once you have fully understood why your baby requires this treatment. The doctors will discuss any issues you may have about the procedure.