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Performing therapeutic venesection in a doctor's surgery

Having been the grateful recipient of several blood transfusions, I sympathise with Dr Bentley's request for referrals to the Australian Red Cross Blood Service for patients with haemochromatosis, rather than discarding the blood (*AFP* May 2017). However, there are disadvantages for patients. Obviously, the Australian Red Cross Blood Service is not able to supply patients with a report on their iron levels, thus requiring the patient to undergo further blood tests. This is not ideal, especially with patients who have needle phobia. Locating and attending Australian Red Cross Blood Service vans can also be very time-consuming, especially where numerous venesections are required.

The advantage of attending a general practice is that blood samples can be taken at the time of venesection. The patient can then be contacted the following day to advise them of their ferritin levels and timing of their next venesection. It also provides an ideal opportunity for the general practitioner (GP) to discuss lifestyle matters with the patient during the procedure and, where appropriate, order further tests (eg cholesterol, renal and liver tests) on the collected blood sample. Medicare provides an item number for venesection, and performing it regularly does maintain a GP's phlebotomy skills. I always give patients the option of attending our clinic or the Australian Red Cross Blood Service, allowing them to make an informed choice.

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Letters to the editor

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