Aim: We set out to evaluate the effectiveness of a new model of self-management of haemochromatosis whereby patients with stable ferritin control were discharged from the New Zealand Blood Service (NZBS) therapeutic venesection clinic and educated to manage their own venesection by regular blood donation and annual serum ferritin check by their general practitioner.

Methods: Data regarding the frequency of blood donation and serum ferritin level were collected from the NZBS and Concerto records of haemochromatosis patients in the Wellington region who had been discharged back to the care of their general practitioner between January 2014 and June 2015.

Results: Of the 107 patients, 93% continued to donate blood after discharge. A serum ferritin level was checked in 78% of patients by their general practitioner. The mean number of blood donations per year decreased after discharge, with a corresponding rise in the average ferritin level (difference 28 mcg/L; range 13-43 mcg/L; p<0.005).

Conclusions: The new model of self-management was effective for the majority of patients who were discharged from the therapeutic venesection clinic. Longer follow up is required to assess the overall pattern of ferritin control in patients who self-manage their haemochromatosis by regular blood donation.

Biography
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