

## Risk Factors and Blood Transfusion on Bloodletting in Phlebotomy

Mohammad Reza Pahlavi\*

Department of Medical Oncology, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram, India

### DESCRIPTION

Hemochromatosis and polycythemia are two rare disorders that are treated with bloodletting today, but they were unknown and difficult to diagnose before the development of science-based medicine. It is also referred to as therapeutic phlebotomy and is carried out in hospitals by professionals who have received specialized training. The removal of small amounts of blood for diagnostic purposes is now most commonly referred to as phlebotomy. However, venipuncture-based bloodletting has emerged as the treatment for hemochromatosis. Hemochromatosis, polycythemia vera, and porphyria cutanea tarda are a few of the disorders for which phlebotomy therapy is currently most commonly employed in Western medicine. An abnormal buildup of iron in the liver, pancreas, heart, pituitary, joints, and skin is a symptom of hemochromatosis, a genetic condition of iron metabolism. In order to prevent future iron deposition, it is treated with periodic phlebotomy to keep ferritin levels at a healthy level. A stem cell bone marrow condition known as polycythemia vera causes an excess of red blood cells as well as sporadic excesses of white blood cells and platelets. Phlebotomy is a component of its treatment, which lowers the red blood cell mass and lowers the risk of harmful clots. An imbalance in iron metabolism is a component of the group of heme metabolism disorders known as porphyria cutanea tarda. Additionally, phlebotomy is performed to lower iron levels and stop buildup in other organs. Leech therapy has been more popular in the last 25 years, particularly in the fields of microsurgery and re-implantation surgery. Hyaluronidase, fibrinase, proteinase inhibitors, and the anticoagulant hirudin are just a few of the biologically active compounds that *Hirudo medicinalis* can release. Leeches can aid in reducing venous obstruction and preventing tissue necrosis. The postoperative

care of skin grafts and reimplanted fingers, ears, and toes can be handled in this fashion.

### Blood transfusion on bloodletting in phlebotomy

Bloodletting and knowledge about the body's different functions have long been connected across history. Doctors gradually learned more about blood circulation, the significance of blood to health, and the features of blood by examining alterations of blood volume in the body also effected the health. Ibn an-Nafs, a Persian researcher who lived in the 1200s, had already discovered that blood circulates through the veins to organs. However, it took another 400 years or so for European academics to understand about circulation.

### Risk factors

Phlebotomy is typically a very safe procedure with very few risks or side effects. However, there have been a few cases where patients have suffered nerve damage, vasovagal reactions, infections, dizziness, fainting, break out in the sweat, sudden drop in the levels of heart rate or blood pressure and redness if you're afraid of needles. For several days, most patients will have a small bruise or mild soreness at the puncture site. Infections risk can be reduced by using prepackaged sterilised equipment and paying close attention to proper technique. To replenish lost blood volume, doctors recommend the patients to drink plenty of fluids, avoid alcohol, and not to exercise for the next few hours. Fainting can occur as a result of venipuncture. At any time during the venipuncture procedure, a patient may feel weak or light-headed, or, in severe cases, loses the consciousness. Most of the side effects fade quickly in majority of the patients.

**Correspondence to:** Mohammad Reza Pahlavi, Department of Medical Oncology, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram, India, E-mail: Panda800@gmail.com

**Received:** 01-Dec-2022, Manuscript No. JHTD-22-21079; **Editor assigned:** 05-Dec-2022, Pre Qc No. JHTD-22-21079 (PQ); **Reviewed:** 19-Dec-2022, Qc No. JHTD-22-21079; **Revised:** 26-Dec-2022, Manuscript No. JHTD-22-21079 (R); **Published:** 02-Jan-2023, DOI: 10.35248/2329-8790.22.10.517.

**Citation:** Pahlavi MR (2023) Risk Factors and Blood Transfusion on Bloodletting in Phlebotomy. J Hematol Thrombo Dis.10:517.

**Copyright:** © 2023 Pahlavi MR. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.