Venesection for haemochromatosis

**HFE genotype**

**Classic haemochromatosis genotype (HFE-1)**

- C282Y/C282Y
- C282Y/H63D

- Screen relatives

**Other genotypes**

- C282Y/-, H63D/H63D
- H63D/-, -/-

- S65C available on request but only mild effect usually.

**Venesection services**

- Venesect every 1–2 weeks until serum ferritin < 60 µg/L through either:
  - Red Cross Blood Service: call 13 14 95
  - SNP venesection service: call (07) 3331 3700.

**Maintenance**

- Venesect 4 times per year to keep serum ferritin < 100 µg/L, or
- If venesection is poorly tolerated (e.g. because of anaemia, angina, etc.), consider desferrioxamine subcutaneously.

**Difficult cases**

- Ferritin < 500 µg/L: monitor with repeat Fe studies, LFTs, CRP at 12-monthly intervals.
- Ferritin > 500 µg/L and transferrin saturation > 45%: consider hepatic and cardiac MRI (Ferriscan): ?ferroportin disease.

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1. The Red Cross Blood Service, 13 14 95, provides a free venesection service for patients with haemochromatosis—provided that there are no contraindications for using the blood products. Sullivan Nicolaides Pathology’s Venesection service, (07) 3331 3700, is not restricted by blood-donor criteria.

2. Patients who tolerate venesection poorly because of anaemia, cardiovascular instability, or poor vascular access can be managed with desferrioxamine—a chelating agent that is given subcutaneously by pump (not available through SNP).