

# Arrhythmia

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## Condition

An abnormality of cardiac electrical activity, most commonly diagnosed by electrocardiography.

## Guidance at RECRUITMENT for adult volunteer donor and maternal donor (cord blood donation)

QUALIFIED, SEE BELOW

## Guidance at CT/WORK-UP

QUALIFIED, SEE BELOW

## Individual at Risk

Donor

## Qualified Guidance

Where possible, particularly at CT-stage and work-up, advice from a cardiologist should be sought.

### Acceptable

Benign atrial or ventricular ectopics (extrasystoles)

Sinus tachycardia/bradycardia acceptable, but inform anaesthetist at work-up if for bone marrow harvest.

Beta-blockers prescribed for benign ectopics or sinus tachycardia are acceptable.

Supraventricular tachycardias (SVT), including atrial fibrillation/flutter, may be acceptable if successfully treated with catheter ablation and off rate /rhythm-control medications (such as beta-blockers) for at least one year.

Right bundle branch block in the absence of any other abnormality

First degree heart may be acceptable at work-up at the discretion of the assessing physician.

### Unacceptable

Uncorrected atrial fibrillation/flutter

Any history of ventricular tachycardia/fibrillation

Wolff-Parkinson-White/Lown-Ganong-Levine syndromes unacceptable unless treated with catheter ablation, and no ECG evidence of accessory pathways.

Second (Mobitz type 1, 2 or Wenkebach) or third degree heart block

All pacemakers and implantable cardiac defibrillators (ICD)

Left bundle branch block

Long-QT syndrome, Brugada syndrome or any other known cause of sudden cardiac death

## References

Halter J, Kadera Y, Ispizua AU, Greinix HT, Schmitz N, Favre G et al. Severe events in donors after allogeneic hematopoietic stem cell donation. *Haematologica* 2009; 94(1): 94-101.

Komatsu F, Shikata M. Abnormal electrocardiographic findings in apheresis donors. *Transfusion* 1988; 28(4): 371-4.

Laspina SJ, Browne MA, McSweeney EN, Lawlor J, Whelan DM, Kinsella AL et al. QTc prolongation in apheresis platelet donors. *Transfusion* 2002; 42(7): 899-903.

Povsic TJ, Losordo DW, Story K, Junge CE, Schatz RA, Harrington RA et al. Incidence and clinical significance of cardiac biomarker elevation during stem cell mobilization, apheresis, and intramyocardial delivery: an analysis from ACT34-CMI. *Am Heart J* 2012; 164(5): 689-697 e3.

Yuan S, Ziman A, Smeltzer B, Lu Q, Goldfinger D. Moderate and severe adverse events associated with apheresis donations: incidences and risk factors. *Transfusion* 2010; 50(2): 478-86.

## Notes

One member of the review committee the acceptability of donors with a history of supraventricular tachycardia treated with catheter ablation and off rate-control medication for one year.