

# British Society for Haematology

## Confidential Report Of Number Of Bone Marrow Aspirates/ Trepine Biopsies Performed Between 1<sup>ST</sup> January And 31<sup>ST</sup> December, 2009

Reporting Hospital/Trust

.....

Address

.....

Name of Consultant reporting.....

Name of any other hospital(s) served .....

**Please report the number of procedures performed by or for all consultants whether or not any complications have occurred, in order that the number of patients suffering complications can be reported in relation to the total number of patients undergoing investigation.**

Year	Aspirate plus trephine biopsy	Aspirate only
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2009

.....

.....

**Bone Marrow Harvests**

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**Please indicate if any complications occurred (✓):**

None

Complications experienced

**IF ANY PATIENT HAS EXPERIENCED COMPLICATIONS OF A BONE MARROW ASPIRATION OR TREPHINE BIOPSY PLEASE COMPLETE THE REMAINDER OF THIS FORM**

**Please complete this form if you practice in the United Kingdom of Great Britain and Northern Ireland. If you practice in any other country, you are invited to complete the form. Please return completed proforma to:**

Dr Vinod Devalia  
British Society for Haematology  
100 White Lion Street,  
London N1 9PF,  
United Kingdom.

# REPORT OF INCIDENT

Hospital ..... Name of Consultant .....

Initials of patient ..... Hospital record number .....

Phone number or e-mail address of person making report  
.....

*Information above this line will be regarded as strictly confidential and will not be recorded on a computer*

**Reason for procedure**

Diagnostic Marrow

Review Marrow

Bone Marrow Harvest

Other.....

## Patient details

Age ..... Sex M/F Weight .....kg

Final diagnosis .....

**Procedure performed by** SpR/Consultant/Staff grade/nurse practitioner/other  
(please specify)  
.....

**Approximate number of procedures performed or years of experience of person performing the procedure**.....

**Nature of procedure (please specify)** aspiration/trephine biopsy/both  
**Site of procedure** sternum/posterior iliac crest/anterior iliac crest/other (please specify)  
.....

**Nature of complication**  
**Hameorrhage** (Site, nature and severity)  
.....

**Infection** (Site, severity, and treatment)  
.....

**Other** (give details e.g. nerve compression)  
.....

**Death** (details of exact cause of death)  
.....

If the patient suffered haemorrhage:

<b>was transfusion necessary</b> Details of blood products used .....	Yes/No
<b>was the patient on heparin/warfarin</b> full dose heparin prophylactic dose of heparin warfarin	<b>Yes/No</b> Yes/No Yes/No Yes/No
<b>was the patient on aspirin/other antiplatelet drug</b> (please specify) .....	
<b>give the results of coagulation tests and platelet count</b> (if available) PT.....INR..... aPTT.....platelet count..... other .....	

<b>Were there any other risk factors</b> obesity/difficulty in co-operation/other (please specify) .....	
<b>For non-fatal complications, was the patient hospitalized or was hospitalization prolonged as a result of the complication</b>	Yes/No
<b>Duration of hospitalization resulting from complication</b> .....	
<b>Was there long-term morbidity</b> specify nature and duration .....	

<b>Please give any other details that may be relevant</b>   
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Thank you for providing this information

Dr V Devalia

Please complete the following Mini-Questionnaire:

1 Would you do a trephine biopsy in EVERY diagnostic marrow examination?

YES

NO

2 In which condition/conditions would you NOT do a trephine biopsy as part of a diagnostic marrow:

.....  
.....

3 Would you consider doing a bone marrow under CT guidance in obese patients?

YES

NO