

How may a thrombosis be prevented?

The general measures like active exercise in bed, getting up soon after operations and wearing compression stockings to counteract the development of a thrombosis are normally not sufficient. Additional medicinal thromboembolism prophylaxis has to be carried out.

A modern low-molecular-weight heparin inhibits blood coagulation and thus thrombosis.

Check yourself

Please tick the corresponding day after each injection (which should always be given at the same hour of day):

MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN

For how long and how often is it necessary to give injections?

At the time of discharge, hospital treatment is completed but the danger of a thrombosis may still be present.

Your attending physician determines on an individual basis for each patient the duration of thromboembolism prevention.

Thromboembolism prevention with low-molecular-weight heparin is normally not a handicap as it is administered only once a day.

It is crucial for you to realize even when you have already left hospital, that the preventive thrombosis injection is an important measure for protecting your health and that it must be administered on a regular basis according to the instructions of the attending physician, this is to say every day.

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Englisch

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Das Wichtigste ist die Gesundheit

Abb you need...



Thrombosis prophylaxis made easy

Your doctor has prescribed you injections of low-molecular-heparin. Please strictly adhere to the instructions!

This leaflet is to help you remember the important points.

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How to use the cartridge:



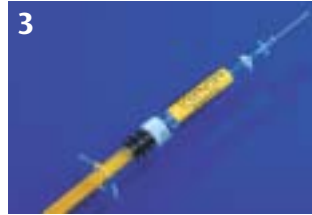
1 Clean the skin of the injection site with an alcohol swab. The injection site should be on the belly, one hand-breadth to the left or right of the navel,



1 or, exceptionally, also at mid-level on the outside of the thigh. Do not touch the cleaned skin before the injection!



2 Pull off the needle protection. The needle should be dry; if a drop has formed on the point of the needle it should be shaken off, not wiped off.



3 **Do not** press the little air bubble out of the cartridge as it ensures complete administration of the dose.



4 Form a skin-fold with one hand and hold it. Insert the needle vertically to its full length with the other hand.



5 Slowly inject the solution by exerting pressure on the piston. The skin-fold should be held until the needle is removed.

Why must injections be given?

Immobility, for example, due to confinement to bed or plaster casts or changes in the human body after injuries and operations frequently lead to more or less pronounced thrombosis (blood clots).

Additional high risk factors such as overweight, varicose veins, earlier appearance of thromboembolism, age, cardiac insufficiency, ovulation inhibitors (particularly with smokers) may increase thrombophilia.

Local superficial blood clots can be harmless, but with deep blood clots in the veins of the leg (deep leg vein thromboses) severe complications may occur.

1. Acute pulmonary embolism (“pulmonary infarction”):

Detached blood clots infiltrate the pulmonary circulation. Obstruction of the lung vessels may result in life-threatening conditions.

2. Postthrombotic syndrome:

This is the awkward resulting condition of a deep leg vein thrombosis. The most severe complication which may occur after many years is the “open leg” in the form of a varicose ulcer.