Preventing Blood Clots after Pelvic and Acetabular Trauma or Fracture

Introduction
Information for adult patients admitted following pelvic/acetabular trauma, to reduce the risk of venous thromboembolism (VTE) and have been prescribed rivaroxaban (or dalteparin) to prevent the development of a deep vein thrombosis (DVT).

This leaflet provides information about rivaroxaban (or dalteparin) and why you are asked to take it.

What is VTE (Venous thromboembolism)?
VTE is where a blood clot (called a thrombus) forms in a vein. The most common form is a blood clot in the deep veins in the legs known as a deep vein thrombosis or DVT. This can happen when you are immobile for a period of time and slow moving blood collects in one area and forms a clot. If the blood clot then moves and travels in the blood, it is known as an embolism.

How rivaroxaban tablets (or dalteparin injections) prevent DVT
The medication helps to reduce the likelihood of a blood clot developing in the veins of your injured leg. Both medications work by increasing the time it takes your blood to clot.

You should take your first dose of medication within 24 hours of injury or when your doctor advises.

If you have had a pelvic or acetabular fracture that required surgery you must continue taking it daily for 10 weeks after you have been discharged.

How to take your medication
You should take rivaroxaban 10mg (one tablet) once daily.
It should be swallowed whole with water. It can be taken with or after food.
If you have been prescribed dalteparin, you will be given administration instructions by the nurse or doctor discharging you.

- You should take the medication at the same time each day.
- If you accidentally take more medication than you should let your GP know as soon as possible, so they can assess your risk of bleeding.
If you miss a dose of the medication you should take it as soon as you remember. **Do not** take more than one dose in a single day. Take your next dose the following day at the usual time.

- The medication should be stored at room temperature out of reach of children.
- You will be given a full supply of rivaroxaban or dalteparin from the hospital.

**If you are scheduled to have surgery on your injured leg, do not take your rivaroxaban or dalteparin the day before or the day of your surgery so that your blood clotting can return to normal.**

**Adverse reactions**

There is a very low risk of developing an adverse reaction to the medication but you should be aware of the following:

- Occasionally, swelling will occur under a plaster cast causing pain and problems with circulation. If you have pain in your leg that is increasing, becoming progressively worse and is not controlled by simple pain medication such as paracetamol, do not take your rivaroxaban (or dalteparin) and return to the emergency department urgently for reassessment.
- If the toes on a plastered limb become very swollen, painful, pale or blue coloured and cold do not take your rivaroxaban (or dalteparin) and return to the emergency department urgently for reassessment.

**Common side effects**

The most common side-effects are indigestion and/or minor bruising; you may also experience minor bleeding.

**With rivaroxaban only you may experience indigestion/nausea:** try taking your medication after food. If symptoms persist consult your GP.

**Diarrhoea/loose stools:** Consult your GP

**Minor bruising/ minor bleeding:** Consult your GP or NHS 111

**Serious side-effects**

If you have unexpected bleeding (nosebleed, blood in your stool or vomit) do not take your medication and return to the emergency department for assessment.

If you cut yourself, apply firm pressure to the site for at least five minutes using a clean, dry dressing.

If you experience any of the following please consult your GP:

- vomiting or coughing up blood
- if you suffer a major injury or are unable to stop bleeding
• if you have a fall or injure yourself while on this treatment especially if you hit your head
• prolonged nose bleeds (more than 10 minutes)
• pass blood in your urine (pink or brown in colour)
• passing blood in your stool (red or black in colour)
• unexplained dizziness or weakness
• sudden severe headache
• unusual, severe or spontaneous bruising
• for women, heavy or increased bleeding during your period or any other vaginal bleeding

Who must you tell that you are taking rivaroxaban?

Please be sure to speak with your pharmacist or doctor if you have any of the following:
• a prescription for anti-coagulants or anti-platelets such as Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
• Your GP, in case they need to give you any other medication
• Any health professional involved in your medical care during the treatment period. i.e. dentist, pharmacist, physiotherapist

Contacts/Further information

Emergency Department: 01223 217 118
Fracture Clinic/Clinic One: 01223 216 231 Monday to Friday 08:30 to 17:00

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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