Frequent or prolonged nosebleeds

Heavy menstrual periods

Prolonged bleeding after injury, childbirth and surgery

Prolonged bleeding/mucous membrane bleeding during dental work

« These signs may indicate a coagulation disorder. To investigate further, please turn the page and use the questionnaire.

Brochures on coagulation disorders are also available for other major medical disciplines

Relevant links to more information on von Willebrand disease and other coagulation disorders

- www.wfh.org
- www.ehaweb.org
- www.esh.org
- www.hematology.org
- www.allaboutbleeding.com

www.nlm.nih.gov

www.ehc.eu

www.hemophilia.ca

www.intreavws.com

We would like to thank the international faculty for essential support:

Dr. Andrea James (MD)
Dr. Pieter Kamphuisen (MD)
Dr. Johannes Rischewski (MD)
Dr. Elvira Grandone (MD)

Debra Pollard (RN)
Dr. Kai Leimbach (odont.)
Alexandra Eichert-Naumann
Dr. Hubert K. Hartl (MD)

Literature


Relevant links to more information on von Willebrand disease and other coagulation disorders

www.wfh.org
www.ehaweb.org
www.esh.org
www.hematology.org
www.allaboutbleeding.com

Address of local haemophilia center:
Coagulation disorders in women

- Approximately 1% of the general population have a mutation in the von Willebrand factor (VWF) gene.
- Female carriers of haemophilia A & B have an increased risk of bleeding after trauma and medical interventions [1].
- The incidence of VWF deficiency in women with menorrhagia is around 13% [2].
- Gynaecologists underestimate inherited coagulation disorders as an underlying cause for menorrhagia [3].

If menorrhagia is present, it would be prudent to spend 5 minutes on ‘5 signs’ – heavy periods can indicate a coagulation disorder, particularly in the following circumstances:

- Acute adolescent menorrhagia requiring hospitalisation [4].
- If pelvic pathology has been excluded [5].
- If medical treatment for menorrhagia has failed [6].

When discussing menorrhagia, ask the patient about other symptoms of potential coagulation disorders. It only takes 5 minutes – better safe than sorry!

Coagulation disorders and the gynaecologist

- Menorrhagia in patients with untreated coagulation disorders:
  - Patients experience a reduced quality of life and incur a high rate of gynaecological interventions [6].
  - Management requires consideration of the patient’s age, childbearing status and treatment preference.
  - Patients are more likely to be symptomatic from gynaecological problems associated with bleeding [6].
  - Bleeding complications may arise during menstruation and childbirth [6].

- Pregnancy:
  - Pregnant women with coagulation disorders require specialised and individualised care – in particular:
    - Prenatal diagnosis and antenatal care
    - Intrapartum/postpartum care

If you suspect a coagulation disorder, please determine the patient’s ‘bleeding history’.

Medication and treatment

- Are you currently taking or have you recently received:
  - Antithrombotic medication: aspirin, heparin, clopidogrel, ticlopidine, vitamin-K antagonists (e.g. Marcumar, Warfarin)?
  - Non steroidal anti inflammatory drugs: diclofenac, ibuprofen?
  - Antibiotic medication: penicillin, tetracycline, sulfonamides, fluoroquinolones (e.g. Ciprofloxacin)?
  - Other drugs interacting with the coagulation system: valproic acid, megadoses of vitamin E?

- Have you ever had anaemia that required treatment, or have you received a blood transfusion?

Coagulation

- Have you ever had a spontaneous nosebleed that either persisted for 10 mins or required medical attention?
- Have you ever experienced prolonged bleeding (duration of 15 mins, or spontaneous recurrence within 7 days) from minor wounds?
- Have you ever had heavy menses where you needed to change a pad, or a tampon, more than hourly?
- Have you ever experienced heavy, prolonged or recurrent bleeding following a surgical procedure?

Family History

- Can you recall any coagulation disorders among family members (these must be blood relatives)?
- Do other women in your family suffer from heavy menstrual bleeding?
- Do any members of your family (blood relatives) regularly experience any of the ‘5 signs of bleeding’?
- If an answer concerning coagulation or family history is positive, consider referring the patient to a haematologist.