5 signs of bleeding

- Easy bruising with indurations
- Frequent or prolonged nosebleeds
- Heavy menstrual periods
- Prolonged bleeding after injury, childbirth and surgery
- Prolonged bleeding/mucous membrane bleeding during dental work

These signs indicate a possible 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.nhlbi.nih.gov
www.ehaweb.org  www.ehc.eu
www.esh.org  www.hemophilia.ca
www.hematology.org  www.intreawws.com

Address of local haemophilia center:

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

Dr. Andrea James (MD)  Debra Pollard (RN)
Dr. Pieter Kamphuisen (MD)  Dr. Kai Leimbach (odont.)
Dr. Johannes Rischewski (MD)  Alexandra Eichert-Naumann
Dr. Elvira Grandone (MD)  Dr. Hubert K. Hartl (MD)†

Literature:


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information about coagulation disorders

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Identification of a potential coagulation disorder

- Approximately 1% of the general population have an atypical von Willebrand factor gene
- Female carriers of haemophilia A or B have an increased risk of bleeding after trauma and medical interventions
  - The risk of prolonged bleeding after surgery is 2.5 times higher in carriers than in non-carriers
- Over 75% of bleeds in patients with severe haemophilia are joint bleeds
- A simple interview is useful as a screening tool

It would be prudent to spend 5 minutes on ‘5 signs’ in any of the following situations – these could all indicate a coagulation disorder

- Abnormal bleeding after childbirth, circumcision or at menarche
- Large haematomas resulting from trivial injuries or intramuscular injections
- Intermittent and chronic joint pain

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

Surgical procedures in patients with coagulation disorders

In patients with untreated coagulation disorders
- Minor procedures can cause prolonged bleeding
  - This may prolong the procedure, e.g. by obscuring the operative field or may necessitate transfusion
- There is an increased risk of recurrent post-operative bleeding, leading to patient distress and extra demands on staff and resources

Management
- Optimal management should include
  - A facility equipped with special coagulation laboratory and blood bank
  - A haematologist proficient in post-surgical care of patients with coagulation disorders
  - A surgeon with experience of operating on patients with coagulopathies
- After surgery, close follow-up is recommended to monitor coagulation factor levels and to assess for delayed bleeding complications, such as wound breakdown

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 received a blood transfusion?

Coagulation

Have you ever had a spontaneous nosebleed that either persisted for 10 mins or required medical attention?
Do you have a family history of bleeding (duration of 15 mins, or spontaneous recurrence within 7 days) from minor wounds?
Women only: 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 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