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

www.signsofbleeding.com

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.nhlbi.nih.gov
www.ehc.eu
www.hemophilia.ca
www.intreavws.com

Address of local haemophilia center:

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Literature:

[1] Plug I, et al. Bleeding in carriers of hemophilia. Blood 2006; 108: 52–56
[2] Ziv O & Ragni MV. Bleeding manifestations in males with von Willebrand disease. Haemophilia 2004; 10: 162–168
[3] Jones GL, et al. The value of coagulation profiles in epistaxis management. Int J Clin Pract 2003; 57: 577–578
[4] Pope LER & Hobbs CGL. Epistaxis: an update on current management. Postgrad Med J 2005; 81: 309–314
[5] Walshe P. The use of fibrin glue to arrest epistaxis in the presence of a coagulopathy. Laryngoscope 2002; 112: 1126–1128
[6] Alusi GH, et al. Bleeding after tonsillectomy in severe von Willebrand's disease. J Laryngol Otol 1995; 109: 437–439
[7] Lee CA, et al. The obstetric and gynaecological management of women with inherited bleeding disorders – review with guidelines produced by a taskforce of UK Haemophilia Centre Doctors' Organization. Haemophilia 2006; 12: 301–336

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5 signs of bleeding

information about coagulation disorders

ear, nose and throat

signs of bleeding

Coagulation disorders in oto-naso-pharyngology

- Approximately 1% of the general population have a mutation in the von Willebrand factor gene
- Prolonged bleeding after tonsillectomy is nearly twice as likely in female carriers of haemophilia A or B than in non-carriers[1]
- Epistaxis is the most common bleeding symptom experienced by patients with von Willebrand disease (VWD)[2]
- Epistaxis is often the only indication of an underlying coagulation disorder[3]

It would be prudent to spend 5 minutes on '5 signs' in any of the following situations – either of these could indicate a coagulation disorder[4]

- Prolonged epistaxis (more than 10 mins), especially if trauma and infection can be excluded
- Persistent bleeding after tonsillectomy, particularly if arterial hypertension and local infection can be excluded

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

5 minutes

5 signs

to be safer

ENT management of patients with coagulation disorders

In patients with untreated coagulation disorders

- Epistaxis is a potentially life-threatening event
  - If artificial ventilation is required
  - If blood enters the lower respiratory system
- Post-tonsillectomy bleeding requiring treatment is 10 times more likely in carriers of haemophilia A or B than in non-carriers[1]

Management

- Neoplasia should be ruled out as the cause of recurrent epistaxis or tonsil haemorrhaging[4,6]
- Before surgery, the activity of the deficient coagulation factor should be measured and adequate levels should be ensured
- After surgery, close follow-up is recommended, to monitor coagulation factor levels, and to assess for delayed bleeding complications[7]

If you suspect a coagulation disorder, please determine the patient's 'bleeding history'

» Bleeding history

For further investigation, please ask these questions:

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?

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

signs of bleeding