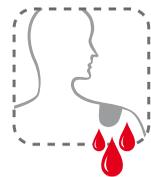


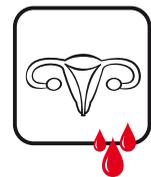
5 signs of bleeding



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] Kouides PA, et al. Menorrhagia associated with laboratory abnormalities of hemostasis: epidemiological, diagnostic and therapeutic aspects. *J Thromb Haemost* 2007; 5 (Suppl 1): 175–182

^[3] Chi C, et al. Identification and management of women with inherited bleeding disorders: a survey of obstetricians and gynaecologists in the United Kingdom. *Haemophilia* 2006; 12: 405–412

^[4] 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



5 signs of bleeding

information about coagulation disorders

gynaecologists



» 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?

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

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^[4]
- If medical treatment for menorrhagia has failed^[4]

When discussing menorrhagia, 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

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^[4]
- 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^[4]
- Bleeding complications may arise during menstruation and childbirth^[4]

Pregnancy

- Pregnant women with coagulation disorders require specialised and individualised care – in particular^[4]
 - Prenatal diagnosis and antenatal care
 - Intrapartum/postpartum care

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