

# Information

for People with Thrombosis

**TROMBOSESTICHTING**  
NEDERLAND

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**Trombosis**  
*Easy to live with!*

**TROMBOSESTICHTING**  
NEDERLAND



FEDERATIE VAN  
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TROMBOSEDIENSTEN

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## Introduction

People that have been diagnosed with thrombosis often have many questions, especially at the beginning of their treatment. This also applies to the patient's partner or relatives. This brochure provides information about the causes and treatment of thrombosis. Special attention is paid to practical matters, such as planning a holiday, the use of medication, practising sports. Also, contacts between patients and their Thrombosis Service will be discussed, because adequate communication is essential for optimum treatment of thrombosis.

This brochure is a publication of the Federation of Dutch Thrombosis Services and the Thrombosis Foundation Holland. You will find more information about these organisations at the back of this brochure.

## Information about Thrombosis

### What Is Thrombosis?

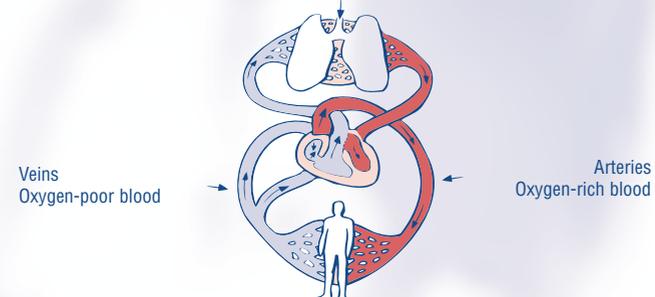
The function of our system of blood coagulation is to prevent the loss of blood when we get injured. If the system is activated when there is no bleeding, a blood clot develops in one of the blood vessels. This clot is called thrombosis. When thrombosis occurs, the blood vessel (vein or artery) will be fully or partially blocked at that particular spot or further on in the circulatory system. We talk about thrombosis when blood coagulation happens in the wrong place and at the wrong time.

### The Circulatory System

The blood in our body runs through a vast system of blood vessels (blood circulation). Our heart pumps the blood around. The arteries carry the blood from the heart to the organs, passing the left ventricle of the heart, and branch into smaller vessels and eventually very tiny vessels, so-called capillaries. When oxygen and carbon dioxide have been exchanged, the oxygen-poor blood returns through the veins to the right ventricle of the heart. From the right ventricle the blood runs then through the arteries to the lungs where an opposite exchange takes place of carbon dioxide and oxygen. The now oxygen-rich blood reaches the left ventricle of the heart through the pulmonary (lung) veins, and the cycle starts all over again.

### Simple reproduction of the blood circulation

Carbon dioxide and oxygen are exchanged in the lungs



**What is  
Thrombosis?**

**How does the  
blood circulate  
through our body?**

## Which diseases can be caused by thrombosis?

Thrombosis in the veins is called *deep vein thrombosis (DVT)*, while thrombosis in the arteries is called *arterial thrombosis* (see more under diseases). When a clot or part of it, breaks off, travels around the blood system and blocks a vein or artery, it is known as an embolism.

### Diseases

Thrombosis can result in different diseases. When an artery is clogged by a thrombosis we talk about arterial thrombosis. The thrombosis blocks the oxygen supply to certain organs. If the organ is drained by other arteries as well, the consequences might still be minor. However, if not, or if the clot cannot be dissolved in time, the underlying tissue dies, because of lack of oxygen. This is called an infarction.

A heart attack occurs if one or more of the coronary arteries – surrounding the heart like a ‘corona’- is clogged and part of the cardiac or heart muscle dies. Even if this heals, the muscle remains scarred.

When the blood supply to the brain is cut off by thrombosis it is called a cerebral infarction. Depending on the size of the embolism and its location, different symptoms can be seen, including unconsciousness, paralysis and/or speech disorder.

An example of venous thrombosis (deep vein thrombosis) is a thrombosis in the leg. When part of the blood clot in the leg breaks off and travels around the blood system, it may get stuck in the lung vessels and cause pulmonary (lung) embolism. Any underlying lung tissue will die. The seriousness depends on the size of the embolism. Not many people know that pulmonary embolism is a common cause of death.

## Three important terms explained:

Thrombosis:	is a blood clot in a vein or artery blocking the vessels.
Infarction:	is a piece of tissue that dies because the vein or artery is blocked and can no longer supply blood (heart attack, cerebral infarction)
Embolism:	occurs when a clot or part of it breaks off from the vascular wall, travels through the blood system and lodges in a vein or artery. The underlying tissue is no longer drained and dies. An embolism may be either the result of a clot in a vein or an artery.

### Treatment of Thrombosis

When thrombosis occurs, drugs are available to make sure the clot does not grow any larger. The human body is capable of cleaning up the thrombosis itself, although this will take some time. To prevent the forming of new clots, treatment (anti-coagulant drugs) is necessary to reduce the blood's coagulation risk. The Thrombosis Service has the responsibility to ensure that the anti-coagulation effect of your medicine does neither become too large (risk of bleeding), nor too small (because of the risk of thrombosis). It is very important you thoroughly follow the instructions of your Thrombosis Service.

## What does your Thrombosis Service do?

### Responsibilities of the Thrombosis Services

#### Monitoring

Your doctor will prescribe anti-coagulant drugs. When you start using this type of medicine, it is necessary to have your blood regularly checked. In the Netherlands, the Thrombosis Service takes care of this. Sometimes, blood samples are taken at home, but only if there are urgent medical reasons.

#### Your Contact With Your Thrombosis Service.

Monitoring means that a Thrombosis Service assistant will draw a blood sample from you on a regular basis. This person is also your first contact with the service. The fact that you and the assistant have personal contact is important, because it keeps the Thrombosis Service well informed about (changes in) your personal and health situation. This information is essential for your dosing schedules.

It is very important you report changes in your health situation, such as illness, planned medical treatment, changes in medication and bleeding to your Thrombosis Service.

If the colour of your urine is red, or your faeces is jet-black, then immediately contact your family doctor and the Thrombosis Service. If anything changes between two check-ups, immediately call your Thrombosis Service. Do not hesitate to discuss any problems or questions you have regarding the treatment. If necessary, an extra check-up will be scheduled.

### Anticoagulation Monitoring

#### INR

Anticoagulant therapy is monitored by the Thrombosis Service. For this reason blood samples are drawn. The result of the coagulation test is indicated in INR values - short for International Normalized Ratio - and refers to the anticoagulation level. The higher the INR, the higher the anticoagulation level has been set. The INR has to be within a specific therapeutic range. Target values are based on the medical grounds for which you take anticoagulants.

INR values may vary, for example due to congenital defects, effects of other medications, the reason for anticoagulation, illness and nutrition. That is why regular check-ups are needed. It also means that the frequency of check-ups is different for each individual.

#### Dosage Calendar

When treatment is started, the INR is measured very often, sometimes even a number of times per week, because the proper balance has to be found. When the INR is stabilised, the Thrombosis Service provides you with a dosage calendar for a longer period. The day, after which the blood sample is drawn, you will receive a dosage calendar through the post. This will tell you exactly how many tablets you will have to take during the coming period and on which days. This dosage is personal and is likely to be different from other patients at the Thrombosis Service. The dosage calendar also gives you the date for the next check-up.

What is the level of anticoagulation?

Why is your dosage calendar so important?

## Which anticoagulants do we use in The Netherlands?

### Anticoagulants

In the Netherlands, the following anticoagulants are available:

- **Aspirin and similar medicines**  
These medicines decrease the effect of the blood platelets. No monitoring by the Thrombosis Service is needed.
- **Low-molecular heparin (LMWH) or similar medicines**  
These are administered by injection under the skin to prevent deep vein thrombosis.
- **Cumarines or coumarin derivatives: acenocoumarol or fenprocoumon**  
Acenocoumarol or fenprocoumon are medical prescription drugs, and are used when anti-coagulant therapy is necessary over a longer period of time.

Cumarines counteract the effects of vitamin K, which is necessary for the production of coagulation factors in the liver. When the effect of vitamin K is curbed, the number of coagulation factors in the liver decreases. A reduction of coagulation factors means a lesser chance of clotting.

Not all coumarines are broken down by the liver within the same time. There are short working and long working coumarines. When vitamin K is taken, this may stop the effects of all coumarines relatively quickly.

### The Use of Anticoagulants

Below you will find the most important information about anticoagulation medicines that are taken with a glass of water, so-called oral anticoagulants. The information does not include medication administered by injection.

#### Taking Anticoagulation Tablets

It is important you always take your anticoagulation tablets according to the instructions on your dosage calendar. You have to take the indicated number of tablets for that day at one time. It is strongly recommended you tick off the dosage calendar after you have taken your medicine to prevent mistakes. If you take your tablets at a set time, preferably dinnertime, this will also help you avoid mistakes.

#### More Anticoagulation Tablets or Less?

When you have had a check-up, the Thrombosis Service may have to adjust the number of tablets you are taking, because the anticoagulation effect in your blood proved to be too big or contrarily too small. This does not mean that you are doing worse or better. The effects of anticoagulants may change over time. Sometimes this happens for a reason; sometimes spontaneously.

#### Interaction with Other Medications

Many medicines may have an influence on the active effects of anticoagulants. They can either increase the effect or curb it. The influence of these medicines on anticoagulation is different for each individual.

It is very important you always report the use of other medication to your Thrombosis Service. The same applies when you stop taking these medicines.

## What you have to know about the use of anticoagulation tablets

## What is the influence of nutrition on anticoagulants?

If you buy over the counter medications (OTC for which no prescription is needed) or use natural cures (such as herbs/vitamin preparations), always ask if they can be safely used in combination with anticoagulants. Carefully read the instructions leaflet.

It is of great importance that you always discuss the use of any other medications with your Thrombosis Service.

### Side Effects of Anticoagulants

The most important side effect of coumarins is directly related to their active working. Because of the curbing of clotting there is a larger chance of bleeding. Even with the right tablet dosage you will bleed more easily. An unpleasant but harmless side effect that some people experience is the loss of hair.

### Anticoagulants and Nutrition

As is said before, coumarins decrease coagulation because they curb the effect of vitamin K. This explains why sensitivity to anticoagulation may also depend on the amount of vitamin K in food. 'Green' vegetables (i.e. lettuce, broccoli, spinach) and cabbage-like vegetables (i.e. white cabbage, brussels sprouts, cauliflower) contain a lot of vitamin K. Therefore, it is important to eat a varied diet so as to limit the effect of vitamin K in food on the anticoagulation treatment. However, it is not necessary to go on any special diet.

You should also watch your food pattern when you are on holiday. Not all kitchens have the same amount of vitamin K in their food. The oriental kitchen, for example, is relatively poor in vitamin K and could have an effect on the anticoagulation.

Special diets to lose weight could have an influence on your INR value. Therefore, always consult with your Thrombosis Service if you want to go on a diet.

### Anticoagulants and Alcohol

Coagulation factors are produced by the liver. So, everything that influences the liver also and immediately influences the coagulation of the blood. This is also true for the use of alcohol. A moderate consumption of alcohol (1 or 2 drinks) should be possible. Too much alcohol may damage the liver and influence the stability of anticoagulants.

### Anticoagulants and Stress

The influence of stress is hard to research. In practice, INR levels tend to increase during stressful situations. Stress hormones may have a disturbing influence on the liver function. There are changes in the way coagulation proteins are produced or in the way anticoagulants are processed. Stress hormones may also have an effect on the absorption of vitamin K by the intestines, which could influence your anticoagulation treatment.

## Anticoagulation Treatment

### Duration of Treatment

Anticoagulation treatment only ends if the chance of thrombosis or embolism has become very small or is gone altogether. Another reason for ending the treatment occurs if there is an increased bleeding risk. It is your doctor who decides about the duration of therapy, not the Thrombosis Service. With some diseases, life-long anticoagulation treatment is necessary, as is the case with atrial fibrillation, mechanical heart valve implants and recurrence of thrombosis leg or pulmonary (lung) embolism.

## How long does an anticoagulation treatment take?

## What is important if a child has thrombosis?

## Pregnancy (wish) and thrombosis.

Temporary anticoagulation therapy is started after orthopaedic surgery (six weeks to three months), a thrombosis leg (usually three to six months), or a first lung embolism (usually six months). If there is a hereditary risk factor, the doctor decides if (and for how long) treatment will be continued. This is different for each individual.

### The End of Treatment

The doctor will inform the Thrombosis Service when you can end anticoagulation treatment. Sometimes this will already happen at registration. There is no need to phase out the use of anticoagulant tablets; treatment can be ended immediately without any problem.

## Children and Thrombosis

Thrombosis usually occurs in the elderly. However, children may suffer from thrombosis as well. Treatment is the same as for adults. There are no extra side effects or harmful consequences for children. It is recommended to have a child that is treated with anticoagulants refrain from injury-sensitive sports, e.g. hockey, soccer, rugby, because of the risk of bleeding. Furthermore, it is important to be alert to injuries and hard bumps and falls, especially if head injury is involved. In case of bleeding, contact your family doctor and your Thrombosis Service.

## Pregnancy (Wish)

### Pregnancy

Anticoagulation treatment does not have to stop a pregnancy. However, anticoagulants such as Fenprocoumon (Marcoumar) and Acenocoumarol can be harmful when used during pregnancy. These medicines can reach the child through the placenta and cause disorders.

This applies especially during the first three months of pregnancy; afterwards, this risk becomes much smaller. Medications like Heparin and low-molecular Heparin (abbreviated as LMWH) do not pass the placenta and can be used during pregnancy.

### Please consider the following two issues:

- 1 If you think you might be pregnant at the start of your anticoagulant treatment, report this immediately to your family doctor or specialist and to the Thrombosis Service.
- 2 If your doctor has prescribed anticoagulants for a short period of time, it is better not to get pregnant during that period. Use reliable contraception/birth control. Your family doctor can advise you.

### Pregnancy Wish

If you are a thrombosis patient and you wish to get pregnant, first contact your family doctor or specialist and the Thrombosis Service doctor. In close consultation with these professionals, you will decide on the best way to go.

If you are pregnant, you should stop using Acenocoumarol or Fenprocoumon. Usually, you are advised to use LMWH (see above) during pregnancy, unless your medical grounds for anticoagulants require the use of other medications. It is important to discuss this with your doctor.

When you are using anticoagulants, it is wise to avoid an unwanted or unexpected pregnancy. It is important to talk with your doctor about contraception/birth control and a possible pregnancy.

## What do you have to know?

**Why it is important to discuss your holiday plans with the Thrombosis Service.**

### **Thrombosis during Pregnancy**

If you get thrombosis during your pregnancy, or you have to use anticoagulants for some other reason, consult closely with your doctor. It is important that you know which medications are necessary in your specific case. Everything that is said about thrombosis and pregnancy above is relevant to you too.

### **Breast-Feeding**

Anticoagulants are secreted into mother's milk. Therefore, the baby is given extra vitamin K in drop form to counteract the anticoagulation effect.

## **Sports**

Neither thrombosis nor the anticoagulant treatment is an impediment to practising sports. For adults as well as children, the following applies: avoid injury-sensitive sports and be alert to bumps and falls, especially when head injury is involved. Realise that active (sports) holidays imply greater risks as well.

Be careful, and in case of bleedings, contact your family doctor and the Thrombosis Service.

## **Holidays**

### **Holidays in The Netherlands and Abroad**

Always inform your Thrombosis Service about your holiday plans. It is recommended to have yourself checked a couple of days before you leave. Foreign countries do not usually have similar institutes like the Thrombosis Services we have in The Netherlands. However, most countries do have monitoring facilities in hospitals or laboratories. Always take your dosage calendar to make sure you have the right information about your treatment. Before departure, ask your Thrombosis Service for a 'holiday letter'. This letter specifies all necessary information in the local language of the

country you are travelling to or in a common international language. If applicable, also tell your tour guide about your situation. Thanks to fax and e-mail technology you can have your own Thrombosis Service determine your dosage based on the lab results abroad. Discuss this with your Thrombosis Service before you leave.

If you travel by plane it is recommended to pack two sets of anticoagulants: one in your suitcase and one in your carry-on. The anticoagulants that are prescribed to you in The Netherlands might not be available abroad. That is why it is important to take sufficient anticoagulant tablets along. If you need vaccinations, discuss this beforehand with the doctor at your Thrombosis Service. Most injections have to be administered under the skin. For injections in the muscle (intra-muscular) the anticoagulation treatment has to be temporarily adjusted to prevent serious muscle bleeding.

### **Points of Attention during Your Holiday**

1. At your destination consider time differences. Depending on the time difference and the duration of your stay abroad, you can follow the Dutch time of administering your medicine or, in consultation with the Thrombosis Service, adjust the schedule.
2. Long-term stay above 3,000 meters may influence the treatment.
3. Higher temperatures in warm areas may influence the INR.
4. Intestinal infections accompanied by serious diarrhoea could have an influence on the INR. If the diarrhoea lasts longer than 2 days, you have to have your INR checked.
5. If you get bruises, nosebleeds or unexpected bleeding, you have to have your INR checked.

**What is important while you are on holiday?**

If you are interested in self-monitoring and self-dosing

What are frequently asked questions and what are the answers?

### Thrombosis and Travelling

With long haul flights (longer than 7 hours) as well as long car or bus rides, there is a chance that the blood stream gets obstructed, resulting in an increased risk of blood coagulation. That is why it is important to move your feet, legs and arms regularly during long trips by airplane, car or bus. When travelling, do not wear tight clothes; and take off your shoes. Drink a lot of water and stay away from alcohol and coffee.

### Monitoring Yourself with Self-Monitoring Equipment

If you have to use oral anticoagulants for a long period of time, you can, under certain conditions, learn how to perform this check-up yourself. If you are interested in self-monitoring/self-dosing, contact your Thrombosis Service. They can inform you and refer you to a training centre in your region.

### Answers to Frequently Asked Questions

#### Can I go on Holiday When I Have a Thrombosis?

**Yes, consult with your family doctor in case of a recent thrombosis.**

In most cases, frequent monitoring is necessary at the beginning of your anticoagulation treatment. If you are under monitoring already, then discuss your holiday plans with the Thrombosis Service.

#### Can I go to Any Thrombosis Service for Check-Up When I Am on Holiday in The Netherlands? **Yes.**

In The Netherlands, you can be checked at all Dutch Thrombosis Services. You will find the address and telephone number of the Thrombosis Service in the region you are staying on [www.fnt.nl](http://www.fnt.nl) (click 'ingang voor patiënten', i.e. site entrance for patients). In the search function, please type in the name of the place you are staying. The program will show you the appropriate Thrombosis Service.

#### Where Can I Get Information about Check-Up Addresses Abroad? **At Your Thrombosis Service.**

Almost all hospitals abroad can measure your INR. Ask for addresses of hospitals in the area you are staying. A few addresses in Italy, Austria and Spain are available through the website of the federation ([www.fnt.nl](http://www.fnt.nl)). The foreign hospital laboratory can determine your INR. You will inform your Thrombosis Service and be advised on your treatment. Discuss this procedure with your Thrombosis Service and be sure that procedures are clear and well-understood.

#### Am I Allowed to Fly When under Thrombosis Monitoring?

**If you are stabilised on anticoagulants you can fly; longer flights are permitted as well. However, it is important you have your specialist's approval for this.**

It is essential that you strictly follow the instructions of the Thrombosis Service and your specialist. It is also important to continue drinking water during the flight, but stay away from alcohol and coffee.

#### Can I Take a Sunbath and for How Long?

**There are objections against long-term sunbathing.**

With regard to the thrombosis itself there are no objections. It could be that your indication for anticoagulation treatment does not allow long-term sunbathing. Discuss this with your specialist.

#### Is There Anything I Cannot Eat or Drink While I Am on Holiday?

**Follow your normal food pattern as much as possible.**

In general, it is not wise to deviate too much from your regular food pattern. Also, avoid large, fluctuating amounts of alcohol.

**Can I Go to the Sauna?**

**If your specialist has no objections, sauna visits are allowed, but not during the first two months of the anticoagulation treatment.**

There is a negative advice on sauna visits during the first two months following a diagnosed thrombosis. After this period, no harmful effects of sauna visits are known.

**Can I Go Diving? No.**

Diving and deep-sea diving are not allowed when anticoagulants are used. Even at a depth of 5 meters, you already run the risk of eye and ear bleeds. Snorkelling and diving to a depth of 3 meters is permitted.

**How Do I Handle Height Differences?**

**Long-term stay above 3,000 meters requires adjustment.**

Height differences in general do not require special adjustments. If you intend to stay higher than 3,000 meters for a longer period of time, your INR can increase and extra monitoring is desirable (with the help of self-monitoring equipment). When practising mountain sports, it is important that you are alert to the danger of incidents that carry a risk of bleeding.

**How Do I Handle Time Differences?**

**During a long-term stay in a different time zone, adjustment is desirable.**

During short-term time differences it is recommended to keep the prescribed rhythm and administering times you would have in The Netherlands. During a long-term stay in a different time zone it is recommended you take your tablets at the usual time of day. Keeping your daily routine, you will reduce the chance of forgetting your tablets. Before departure, ask the Thrombosis Service how to change the administering time to a different time zone.

**What Do I Do in Case of an Intestinal Infection?**

**Go and see a doctor as soon as possible.**

Intestinal infections may cause severe diarrhoea. In case of diarrhoea, your INR can become seriously insecure, so that treatment of diarrhoea is very important. Additionally, the prescribed medications may influence the INR as well. Ask doctor's advice immediately and indicate that you use anticoagulants. Extra monitoring of the INR is necessary.

**Can I Practise Sports Like Water Skiing and Skydiving?**

**Do not take unnecessary risks.**

Sports with a higher risk on injuries increase the chance of serious bleeding complications, even leading to permanent health damage. Be sure to be fully aware of the risks before you practice these kinds of sports.

**All important pieces of advice resumed:**

1. Always take your anticoagulants according to the instructions on the dosage calendar and at a set time.
2. Having taken your medication, immediately tick off your dosage calendar in order to prevent mistakes.
3. Contact the Thrombosis Service as soon as possible if you have forgotten to take your medication.
4. Always keep your appointment with the Thrombosis Service and inform them if you are unable to attend.
5. Always contact the Thrombosis Service when you are ill (flu, fever, diarrhoea), when you have to have outpatient surgery, or teeth and/or molars pulled.
6. Always inform doctors and nurses of your situation in case of unexpected hospitalisation. Tell them that you are monitored by a Thrombosis Service and show them, if possible, your dosage calendar.

**What you really need to know.**

7. Always inform the Thrombosis Service about a scheduled hospitalisation.
8. Never, at your own initiative, take any other (self-care) medication. This also applies for cough syrups and laxatives, and especially for aspirin.
9. If you want to take something against fever or pain, take paracetamol only. Always consult with your family doctor and inform the Thrombosis Service.
10. If your family doctor, specialist or other physician prescribes new medications, always tell him or her that you use anticoagulants as well.
11. If you stop the use of other medications, always inform the Thrombosis Service.
12. You are more vulnerable to bleeding as a result of the treatment. If you are worried or have any questions, never hesitate to call the Thrombosis Service.
13. If your urine has a red colour or your faeces is jet-black, do not hesitate and immediately contact your family doctor and your Thrombosis Service.
14. Eat well-balanced meals and limit your alcohol consumption to a maximum of 1 or 2 drinks per day.
15. If you are on a diet to reduce your weight, inform the Thrombosis Service about this.
16. Timely inform the Thrombosis Service of your holiday plans.

## Keep Us Informed

The Thrombosis Service is there for your information and support. For optimal treatment it is also very important that you keep the Thrombosis Service informed about your personal situation. For example, changes in the use of other medications, hospitalisation, or side effects of medications.

## Report Side Effects

The efficacy of anticoagulants can be influenced by other medications. In The Netherlands, there is one central registration point where all side effects of medications, but also their mutual influences, are registered. The Dutch Side Effect Centre Lareb is the national reporting centre for side effects of medications. Because all reports are collected at one central office, Lareb is able to monitor medication safety in The Netherlands. Therefore, it is very important that as many side effects as possible are actually reported. Being a user of medications, you can report any side effect to Lareb through their website.

Visit [www.meldpuntbijwerkingen.nl](http://www.meldpuntbijwerkingen.nl)

**Of course, all information you send to Lareb will be treated confidentially.**

## Privacy

Every client of the Thrombosis Service has the right to privacy. There is a special law in place to ensure that personal information is treated carefully and the client is able to monitor this himself: the Personal Data Protection Act (in Dutch: 'Wet Bescherming Persoonsgegevens', also abbreviated to WBP). Medical information must be treated as confidential. This means that doctors and employees of the Thrombosis Service only process personal data and that no information will ever be distributed any further than necessary. All doctors/employees of the Thrombosis Service operate under the obligation of confidentiality.

In case of incidents, such as the occurrence of bleeding, your Thrombosis Service will contact your family doctor/specialist. This is necessary to find out if the incident may be related to the use of oral anticoagulants and what the incident is. If you have any objections against this, please inform your Thrombosis Service doctor in writing.

**How are side effects registered?**



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## Remarks or Complaints about the Treatment

If you have any remarks or complaints regarding your treatment at the Thrombosis Service, first discuss these with the relevant employee(s). If you are not satisfied with the outcome, you can contact the Thrombosis Service Management. If, in your opinion, your complaint has not been sufficiently dealt with, you can contact the independent complaint commission. More information about the complaint procedure is available at the Thrombosis Service.

## Federation of Dutch Thrombosis Services.

The Netherlands is heading the world in thrombosis research and treatment. The Federation of Dutch Thrombosis Services was founded in 1971, their goal being the improvement of the quality of anticoagulation treatment, the encouragement of scientific research on thrombosis and the protection of the interests of Thrombosis Services in The Netherlands. A total of 63 Services are associated with the federation, 61 Services in The Netherlands, and 2 Services in Spain. **For more information:** [www.fnt.nl](http://www.fnt.nl).

## Thrombosis Foundation Holland

In 1974, the Thrombosis Foundation Holland was founded to finance research into causes of thrombosis and its prevention. Thanks to scientific efforts, a lot of progress has been made over the past 30 years, but not enough. The Thrombosis Foundation would like to grant more subsidies for scientific research than is possible right now. Would you like to support the work of the Thrombosis Foundation? Then become a donor. You can do so for as little as € 10.00 per year. Of course, higher donations are always welcome!

There are also fiscal arrangements for donations; an annuity gift, for example. Donations can be completely deducted from tax if you let a notary record that you donate a certain amount over a five-year period. The Thrombosis Foundation will pay the cost for drawing up the deed of donation.

If you want to know more about ways to support the Thrombosis Foundation, please contact the Bureau of the Thrombosis Foundation Holland **+31(0) 71 561 77 17** or refer to [www.trombosestichting.nl](http://www.trombosestichting.nl).

If you decide to do a one-time donation to the Thrombosis Foundation, you can pay this to Postbank account number 30.20.30, stating 'one-time gift'. We are very happy with all donations and gifts.

For financing medical and scientific research, the Thrombosis Foundation is completely dependent on gifts and donations. The Foundation does not receive any subsidy from the government.

The members of the Scientific Advisory Board of the Thrombosis Foundation assess all subsidy requests for scientific research on research value, relevance to patients and feasibility. Furthermore, an assessment is made on whether the research is socially relevant.

The Thrombosis Foundation Holland has the CBF quality mark, granted by the Central Bureau for Fund Raising. This quality mark guarantees responsible fund raising and responsible spending of received financial aid.

**For more information:** [www.trombosestichting.nl](http://www.trombosestichting.nl)



