



Deep Vein Thrombosis (DVT)

Treatment Choices

The Community DVT Service is provided by GP Care, on behalf of the NHS.

GP Care employs local doctors and nurses who specialise in DVT treatment to provide care for patients at their surgery premises.

This means that patients no longer have to travel to hospital for their DVT treatment, but they can choose from a range of clinics across Bristol.

We hope that you will find this more convenient and that you will receive at least the same quality of care that you would in hospital.

All of the staff involved in the delivery of the service are highly experienced and receive regular training.

For more information about GP Care, or to find out about the other services we offer, please call us on **0333 332 2101** or visit our website:

www.gpcare.org.uk

GP Care is registered with the Care Quality Commission (CQC).

When a blood clot forms in one of the deep veins of the leg it is called Deep Vein Thrombosis (DVT). Anticoagulants are medicines that help your body to break down the clot and prevent further clots forming.

Apixaban, Rivaroxaban and Warfarin, are all anticoagulants, and are all effective treatments for DVT.

It is important for you to be aware of the bleeding risks associated with taking an anticoagulant and how to manage these risks. For most people, the benefits of taking an anticoagulant are far greater than the risks – your doctor will discuss these with you.

To help you and your doctor decide which treatment would suit you best, please consider the information contained in this leaflet.

This information is adapted from NHS Guidance and developed by GP Care.

	Apixaban	Rivaroxaban	Warfarin
What are the key advantages	<ul style="list-style-type: none"> Always Twice Daily No injections needed Avoids over or under anticoagulation (if taken as directed) No need for blood tests Lower risk of bleeding than warfarin 	<ul style="list-style-type: none"> Twice daily for 3 weeks, then once daily No injections needed Avoids over or under anticoagulation (if taken as directed) No need for blood tests Lower risk of bleeding than warfarin 	<ul style="list-style-type: none"> 50 - 60 years of experience Can be monitored
How is this drug monitored?	<ul style="list-style-type: none"> Doesn't usually need to be monitored However, blood tests for your liver/kidneys are recommended once or twice yearly 	<ul style="list-style-type: none"> Doesn't usually need to be monitored However, blood tests for your liver/kidneys are recommended once or twice yearly 	<ul style="list-style-type: none"> Regular blood tests (known as an INR blood test)
Bleeding Risk / Reversal of effect	<ul style="list-style-type: none"> There will be a higher risk of bleeding compared to not taking the tablet but lower risk than warfarin No specific reversal agent for bleeding but standard methods for bleeding control adopted 	<ul style="list-style-type: none"> There will be a higher risk of bleeding compared to not taking the tablet but lower risk than warfarin Increased risk of gastric bleeds and upset No specific reversal agent for bleeding but standard methods for bleeding control adopted 	<ul style="list-style-type: none"> Increased bleeding risk as the INR goes higher Specific reversal agent available (takes up to 24 hours to work)
How do I take the medication?	<ul style="list-style-type: none"> You will start with 10mg twice daily for one week. After that the dose is reduced to 5mg twice daily If your clinician requires you to take the drug longer than 6 months, the dose can be reduced to 2.5mg twice daily You can crush the tablets to help you take it 	<ul style="list-style-type: none"> You will start with 15mg twice daily for 3 weeks. After that the dose is reduced to 20mg once daily You must take the medication with food to optimise its effect You can crush the tablets to help you take it 	<ul style="list-style-type: none"> You will need an overlap with injections of heparin whilst the warfarin is getting in the system After around 5 days or so, you should only need to take the warfarin once a day The dose will vary according to your INR so instructions on your dose will be given.
What are the side effects	<ul style="list-style-type: none"> The most common side effects are bleeding and bruising 	<ul style="list-style-type: none"> The most common side effects are bleeding and bruising 	<ul style="list-style-type: none"> The most common side effects are bleeding and bruising
Are there any dietary restrictions ?	<ul style="list-style-type: none"> No specific dietary restrictions 	<ul style="list-style-type: none"> No specific dietary restrictions 	<ul style="list-style-type: none"> Various foods can interact e.g. cranberry juice, green leafy veg, in addition it can interact with alcohol
What about my other medications ?	<ul style="list-style-type: none"> Some medications may interfere with the drug in the body and therefore mean this drug shouldn't be taken. Your doctor will advise whether there will be problem 	<ul style="list-style-type: none"> Some medications may interfere with the drug in the body and therefore mean this drug shouldn't be taken. Your doctor will advise whether there will be problem 	<ul style="list-style-type: none"> Various medications can cause your INR to go up or down. It is important that you let your doctor know that you are on warfarin before they change any of your medications as it may affect your INR
Are there any reasons why I shouldn't take this medication?	<ul style="list-style-type: none"> If you have severe kidney or liver problems 	<ul style="list-style-type: none"> If you have severe kidney or liver problems If you have history of GI upset – IBD, gastritis, oesophagitis 	<ul style="list-style-type: none"> Because of the variable dose, it is not suitable for compliance aids If you have severe liver problems If you need regular antibiotics / changes to medication this may make the INR unstable If you drink a lot of alcohol