Lower Limb Immobilisation and Rivaroxaban® and Enoxaparin

When the lower leg is put into a splint, plaster cast or similar it can increase the risk of a blood clot, often called a deep vein thrombosis (DVT) or pulmonary embolism (PE). All patients who require immobilisation of their lower leg due to injury are required to undergo risk assessment for potential blood clots. You have been assessed to be at increased risk of a blood clot during the time you require immobilisation and you therefore may benefit from having treatment to prevent a blood clot. Once you no longer require the splint or plaster cast, this risk will resolve and no further treatment should be required.

The treatment works to thin the blood and make it more difficult for the blood to clot. It is usually provided by either:

- Tablets called Rivaroxaban®. Taken once a day for the duration of the plaster cast or splint. Rivaroxaban works immediately and does not require any additional blood tests.
- Injections called Enoxaparin. These require an injection under the skin every day.

Research studies tell us that both treatments are equally effective and safe for the treatment of DVT and PE. For most patients, taking a tablet is less painful, easier and more convenient than having daily injections. Therefore, Rivaroxaban is often the preferred option. However, some people cannot take Rivaroxaban®, these include:

- Children
- Pregnant and breast feeding ladies or recently given birth
- People with poor kidney function.
- People who have had a bleed from their gut
- People who have cancer or a receiving chemotherapy
- People with antiphospholipid syndrome
- People who have had a blood clot while on warfarin and need a higher level of blood thinning
- People who require warfarin for other reasons, except atrial fibrillation.

Side Effects and Important Advice

Blood thinning treatment of any kind will make you more likely to bleed and bruise after simple bumps, cuts or scrapes. Simple first aid measures can be used in most cases by applying pressure to a bleeding area and elevating it if possible. Pressure should be firm, and in some cases may need to be applied for at least 20 minutes or longer.

If you happen to injure your head (e.g. fall over) whilst taking either Enoxaparin or Rivaroxaban®, please seek medical advice from NHS111, your GP, local minor injuries unit or A&E department.

- **Enoxaparin** may cause bleeding and bruising under the skin as well as redness and irritation at the injection site. Enoxaparin has been used now for many years and there are no other long term side-effects.

- **Rivaroxaban®** may cause headaches, rashes and itches (a full list of side-effects can be found on the information leaflet in the box or by asking your doctor / nurse / pharmacist). Rivaraoxban® is a relatively new treatment and has only been in use for a few years; we therefore do not know if the drug has any other side-effects and we have less experience in using it for the prevention of clots in the lungs or legs compared to Enoxpaparin.

After consideration of this advice, or at any other time, you may decide that you do not want to have any treatment; if this is the case, please discuss this with your doctor or nurse.

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.
Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.
If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.
If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743