

# Warfarin

Adult Community Services

## Introduction

This leaflet has been given to you because you are starting to take a medicine known as Warfarin. A healthcare professional will go through this leaflet with you, explain what it all means and answer any questions that you have.

## How does Warfarin work?

Warfarin stops your blood from clotting inside your blood vessels. It is also used to stop existing clots getting bigger as in Deep Vein Thrombosis (DVT) and to stop parts of a clot breaking off and travelling to the lungs, as in a Pulmonary Embolism (PE).

You may hear Warfarin referred to as a blood thinner, although that is not what it does. The blood is not actually made any thinner, it just takes longer to clot whilst you are taking anticoagulants. The medication works by slowing down the production of Vitamin K in your liver (Vitamin K helps your blood to clot) thus making your blood longer to clot.

## How will my treatment be monitored?

Treatment with Warfarin is safe if you follow the advice of your anticoagulant clinic or GP.

You will need to have your blood tested at regular intervals. The reading obtained by testing the blood is called your INR (International Normalised Ratio).

Your INR reading may vary but it will need to be kept within a certain range depending on the reason why you are taking warfarin. This is called your therapeutic range and will be decided by your GP or Consultant.

## Conditions for which Warfarin is prescribed.

### 1. Atrial Fibrillation

This is a condition in which the collecting chambers of the heart (the atria) fail to beat normally. Instead, they fibrillate, making repetitive fine twitching movements that do not propel the blood forwards into the pumping chambers (the ventricles). As a result, the normal co-ordination of the heartbeat (with the atria contracting first then the ventricles) is lost. The ventricles beat irregularly, making your pulse feel irregular.

People often describe this a feeling like their heart is beating faster than normal and at irregular intervals. The lack of normal contraction means there is a pooling of blood at the bottom of the chamber, and this increases the risk of blood clots forming in the atria. If a blood clot were to

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

develop and break off from the wall of the atria this could travel to another part of the body (embolism) and cause severe damage (for example, stroke if the clot travels to the brain). Warfarin is required for as long as the atrial fibrillation persists, which may be for life. Warfarin does not cure your atrial fibrillation but will help reduce the risk of a stroke

## **2. Artificial Heart Valve (AVR and MVR)**

If you have had one or more of your valves replaced with a mechanical valve (prosthetic), you will need Warfarin for life to prevent clots forming on or near the valve. Such clots can interfere with the function of the valve or break off and travel to the brain, causing a stroke. It is therefore very important to take your Warfarin every day as prescribed.

It is important to check with your Cardiac Consultant prior to stopping Warfarin for any reason (for example, if you need a non-cardiac operation).

Some valves (known as bioprosthetic valves) may only need Warfarin for the first 3 months following surgery if the rhythm of your heart is normal. Your Cardiac Consultant will advise on the duration of your treatment plan

## **3. Deep vein Thrombosis (DVT)**

This is where a clot lodges in one of the larger veins of a leg or arm. The presence of the clot may produce pain and swelling of the affected area; however some people may have no recognisable symptoms. The clot may take some time to disperse, so Warfarin is given to stop the clot getting bigger. Warfarin is also used to prevent small clots breaking off, travelling in the circulation, and lodging in places such as the Lungs. Treatment duration is usually 3-6 months. If you have had a previous DVT, or other risk factors, you may need to take Warfarin for life

## **4. Pulmonary Embolism (PE)**

This is where the clot obstructs the blood supply to the lungs. Its presence may cause chest pain or breathlessness. Most of these clots form in the legs or pelvis and then break off and travel in the circulation until they lodge in the lungs. This condition is a complication of a deep vein thrombosis. Treatment duration is usually 6 months, but as with DVT may be for life

## **5. Heart attack (Myocardial infarction) or Ischaemic Heart Disease (IHD)**

Any narrowing or blockage of the vessels that supply the heart may cause irreversible damage to the heart muscle. Warfarin may be given to prevent a blood clot forming within the heart and to allow better blood flow through the arteries that supply the heart. The treatment can be short term or for life. This depends on your condition and will be decided by your Consultant

## **6. Prevention of Blood Clots**

Certain groups of people can have a particular tendency to form clots. This can be inherited or be a result of some other condition. In these circumstances, Warfarin is given to prevent the formation of clots. The Consultant, Haematologist, or GP who started your treatment will tell you how long you will need to keep taking Warfarin.

# **Serious side effects**

The most serious side effects of anticoagulants are bleeding. If you experience any of the following, seek urgent medical attention:

- Prolonged nose bleeds (lasting more than 10 minutes)
- Blood in vomit
- Blood in sputum
- Passing blood in your urine or faeces
- Passing black faeces
- Severe or spontaneous bruising
- For women, heavy or increased bleeding during your period or any other vaginal bleeding.

If you cut yourself, apply firm pressure to the site for at least 5 minutes using a clean, dry dressing.

Seek immediate medical attention if you:

- Are involved in major trauma
- Suffer a significant blow to the head
- Are unable to stop bleeding.

## What else should I know?

If you are ill and are unable to eat properly or if you suffer from a period of diarrhoea and sickness this may affect the way your body absorbs the Warfarin. This may mean that your INR level will alter and may go out of your therapeutic range. Contact your clinic for earlier review if symptoms persist beyond 2 or 3 days.

## Things that can affect the control of anticoagulation.

### 1. Other medication

It is important to continue to take all medications that have been prescribed to you by your Consultant or GP. Some drugs can affect how the Warfarin works so if you are prescribed a new medication, please ask your GP or Pharmacist whether they can affect the Warfarin medication. It is important that you have an INR check within 5-7 days of starting a new medication, so please contact your clinic to arrange an earlier appointment if needed.

Please seek advice from your local pharmacist prior to starting any vitamins, herbal supplements or over the counter medications

### 2. Diet

It is important to eat a well-balanced diet. Avoid strict diets or crash dieting.

There are virtually no dietary restrictions whilst you are on Warfarin but be aware of the amount of vitamin K foods you consume. Food which is high in vitamin K should be consumed consistently within your regular diet.

Food high in Vitamin K:

- Green leafy vegetables (cabbage, sprouts, broccoli, spinach, kale, some lettuce)
- Herbs (parsley, chives)
- Oils (canola, soybean – used to make mayonnaise)
- Fruits (kiwi, blueberries, avocado, prunes, cranberries)
- Other items - liver, liquorice, water cress, ginger.

### 3. Alcohol

Alcohol may affect your INR reading. You should drink in moderation (as per current government guidelines). Binge drinking or a sudden increase or decrease in the amount of alcohol you consume will alter your INR levels.

## Things to remember:

- Always carry your Warfarin alert card with you
- Always tell the Pharmacist that you are taking Warfarin when buying over the counter medications
- Always tell the Dentist that you are taking Warfarin
- Never stop taking Warfarin unless you have been advised by your Anticoagulation clinic, your Consultant or your Doctor
- If you have prolonged or serious bleeding seek urgent medical attention
- Contact your anticoagulation clinic for an appointment within 7 days if you have any changes in your health or medications.

## Contact Details

**Nurse Dosing Line telephone number:** 01902 444092

Hours available: Monday – Friday, 10:00am – 3:00pm

The Community Anticoagulation Service is not an emergency Service. For emergency health advice or treatment please contact: 111 / 999 / GP or attend Urgent Treatment Care Centre or the Emergency Department.

## Frequently Asked Questions

### **Q. What do I do if the GP makes any changes to my medication?**

- A. Please contact the Nurse Dosing Line within 7 days of change (telephone number in booklet) and make them aware that there have been changes to your medication. You will be booked an appointment to attend. Please note this may not be at the venue that you usually attend, however will be the most suitable appointment.

### **Q. What do I do if I miss a dose of my Warfarin?**

- A. Please contact the Nurse Dosing Line as soon as possible to arrange for your INR to be retested.

### **Q. Can I take over the counter medication?**

- A. You can attend your local Pharmacy for any medication queries and advice on all over the counter medication. Always advise your Pharmacist that you are taking Warfarin.

### **Q. What do I do if I get a bruise?**

- A. Watch the bruise over a 48 - 72 hour period. If you notice the bruise is worsening or not improving, please contact your GP.

### **Q. What do I do if I begin to suffer with a bleed (nose / wound / injury)?**

- A. Apply pressure for 5 minute to bleeding area, if this does not stop or worsens, please attend Urgent Care Treatment Centre or Emergency Department. If you begin to feel unwell whilst bleeding, please contact 111 / 999 / GP accordingly.

If you have any general health queries or concerns, please contact your GP or 111 for advice or an appointment.

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。