



SELF HELP

Going into hospital: recommendations and advice

For a planned procedure

If you need to have an invasive operation or procedure in hospital, you must let the medical team know that you have Hughes/antiphospholipid syndrome (known medically as antiphospholipid antibodies) and are being treated with anticoagulation therapy, such as aspirin, heparin or warfarin, as soon as you can.

Each operation can vary as can your circumstances, so you should discuss your individual treatment with the medical team managing your procedure prior to your hospital stay, but the general guidelines are:

- If you are taking 75-150mg aspirin daily, you should continue taking your aspirin until the day of your operation. Following the operation, you should be prescribed heparin post operatively for six weeks.
- If you are already being treated with heparin injections, it is unlikely you will have to change your course of treatment.
- If you are on warfarin therapy, you will have to be transferred onto heparin temporarily. Warfarin usually remains in your system for a week to ten days so you will have to switch to heparin about a week before your operation then transfer back to warfarin the day after.

For a medical emergency

If you're having a medical emergency and arrive at hospital unexpectedly, you must let the staff know that you are on anticoagulation therapy and have Hughes syndrome/antiphospholipid antibodies as soon as you can. Many patients carry medical identification with them in case of emergencies.

Hughes/antiphospholipid syndrome patients usually have to keep their INR higher than most people – anywhere between 3.0-4.5 in order to be symptom free and to prevent further clots. However, there is a danger that a doctor could be concerned that your blood is too thin and believe that you are at a greater risk of bleeding so will want you to stop your medication (usually warfarin) and/or administer a vitamin K injection. Unfortunately, this can seriously increase the risk of a blood clot.

As the circumstances of Hughes/antiphospholipid syndrome patients are so diverse, it is impossible to develop a set of hospital treatment guidelines to suit everyone, therefore each case has to be considered individually. However, if you believe that you are not being treated correctly by a doctor who clearly does not have specialist knowledge of Hughes/antiphospholipid syndrome, you are entitled to ask for a second opinion from a specialist. In UK hospitals, an on-call haematologist is usually available in the day to give advice to junior doctors if necessary.