

# Rivaroxaban for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE)

This leaflet aims to answer your questions about rivaroxaban that may be prescribed for you when you are diagnosed with a DVT or a PE.

**Always read the leaflet that comes with your medicine and speak to your doctor, nurse or pharmacist if you have any questions or concerns.**

## What is rivaroxaban?

Rivaroxaban is an anticoagulant. Anticoagulants are medicines that prevent your blood from clotting as quickly and make you less likely to develop new blood clots.

## Why have I been prescribed rivaroxaban?

You have been prescribed rivaroxaban because you have a clot in either your:

- deep vein; these usually occur in the legs but can occur in any of the deep veins such as the arm or the abdomen. This type of clot is known as a deep vein thrombosis (DVT); or
- blood vessel in your lungs; this is known as a pulmonary embolism (PE).

Rivaroxaban will treat the clot by preventing it from getting any larger. If the clot is in the deep veins it will prevent it from breaking off and travelling to the lungs. It will also prevent new clots from forming.

## Are there any alternatives?

Warfarin is the main alternative to rivaroxaban. Warfarin has been used to treat clots for many years. If you have had a clot in the past you may have been prescribed warfarin. However new oral anticoagulants (NOACs) such as rivaroxaban are now available and can be used instead of warfarin.

Unlike warfarin, NOACs are used at fixed doses and do not require close monitoring of blood levels. Rivaroxaban is similar to warfarin at reducing the risk of further clots. It has a lower risk of severe bleeding than warfarin but an increased risk of bleeding in the stomach or elsewhere in the gut.

There are some disadvantages of taking NOACs such as rivaroxaban. For example unlike with warfarin there is currently no antidote to reverse their effects if a serious bleed occurs. There are however procedures that can be carried out to stop the bleeding.

Your consultant will discuss the risks and benefits of the different treatments with you. Please ask them if you have any questions.




## How long will I need to take rivaroxaban for?

How long you need to take rivaroxaban for depends on your individual condition. If this is your first DVT or PE, then you will usually take rivaroxaban for 3-6 months. For recurrent DVTs or PEs you may need to take rivaroxaban long-term. Your doctor will discuss this with you and confirm how long you need to continue your treatment for.

## How do I take rivaroxaban?

For the first 21 days of treatment, the recommended dose is 15mg twice a day. Following this the dose should be reduced to 20mg once daily (see table below). Your doctor may decide to lower your dose to 15mg once a day from day 22 if they think this is appropriate.

The table below shows the colour and shape of your tablets and the doses of rivaroxaban that may be prescribed for you when you are diagnosed with a DVT or PE.

Usual dose of rivaroxaban		
Day 1-21		15mg <b>TWICE</b> a day (every 12 hours)
Day 22 onwards (If your kidney function is normal)		20mg <b>ONCE</b> a day (every 24 hours)
Day 22 onwards (If your kidney function is impaired)		15mg <b>ONCE</b> a day (every 24 hours)

The tablets should be taken with or after food. Try to take rivaroxaban at the same time each day.

## What should I do if I forget to take my medicine?

If you miss a dose in the **first 21 days** when your dose is 15mg twice a day, take the dose as soon as you remember, in this case two 15mg tablets may be taken at the same time on the same day. Then continue on your regular 15mg twice a day on the following day.

If you miss a dose from **day 22 onwards** when your dose is 20mg once a day or 15mg once a day, take the dose as soon as you remember but **do not take two doses** on the same day. Then continue on your regular once a day dose on the following day.

Please refer to the patient information leaflet supplied with your medicine for specific information, or call our Pharmacy Medicines Helpline for advice (please see the back page for contact details).

## Are there any side effects?

Bleeding is the most common side effect of rivaroxaban, as it increases the time it takes for your blood to clot.

**Please seek medical advice immediately** if you suffer a significant blow to the head or have been involved in an accident, or if you have any of the following:

- prolonged nosebleeds (over 10 minutes)
- unusual headaches
- blood in your urine, stools or vomit
- black stools
- unexplained or severe bruising.

If you cut yourself, apply pressure as you normally would. It may take longer for the wound to stop bleeding. If the bleeding does not stop within 10 minutes, go to your local Accident and Emergency (A&E) department.

Other side-effects reported by patients on rivaroxaban include dizziness, headache, feeling tired, indigestion, rash and heavy periods. If you experience any of these side-effects please discuss them with your GP or contact the Haemostasis and Thrombosis Centre at St. Thomas' Hospital.

If you would like information on other side-effects reported with rivaroxaban, please see the manufacturer's information leaflet that comes with the medicine.

## What about my other medicines?

Other medicines (including herbal remedies and over the counter medicines) may interact with rivaroxaban. Your medicines will be reviewed when you are first prescribed rivaroxaban, and any necessary changes will be made.

Avoid taking any other medicines that may increase your risk of bleeding (such as aspirin or ibuprofen), unless your doctor has specifically prescribed them for you. If you need a painkiller, paracetamol and codeine are acceptable.

**It is important that you check with a pharmacist or doctor before starting any new medicines or stopping any existing ones.**

**Please let other healthcare professionals treating you know that you are taking rivaroxaban. This includes anyone who prescribes you medication or carries out a procedure, for example a dentist.**

### **Do I need to change my diet or alcohol intake?**

You do not need to change what you eat when taking rivaroxaban. You should maintain a healthy and balanced diet.

Rivaroxaban is not directly affected by alcohol. However, we recommend that you do not exceed the safe limits of alcohol (21 units for men and 14 units for women per week), as this can increase your risk of bleeding.

1.5 units = 125mls of wine

2 units = 1 pint of lower strength beer

### **What if I become pregnant or plan to become pregnant?**

It is not advisable to become pregnant if you have a DVT or a PE. It is also not advisable to become pregnant if you are taking rivaroxaban because the safety of rivaroxaban in pregnancy is unknown.

If you do become pregnant tell your doctor straight away as you will need to switch to an alternative treatment immediately.

### **Will I have a follow-up appointment?**

Shortly after starting treatment you will be seen by a thrombosis nurse specialist in the Haemostasis and Thrombosis Centre at St Thomas' Hospital. You will then see a thrombosis consultant for further assessment shortly after seeing the nurse specialist.

### **Transfer of care to your GP**

Rivaroxaban will be started by a consultant at Guy's and St Thomas'. After three months you may not need to continue treatment; if you do, your GP will take over your care. However, if this is not possible, your hospital consultant will remain responsible for prescribing your medicine.

We recommend that you carry an anticoagulation card with you at all times, in case of emergency. If you do not already have the card, please ask your pharmacist for one.

## Contact us

If you have any questions or concerns about your medicines, please talk to your doctor, nurse or a pharmacist. Alternatively, you can call our Pharmacy Medicines Helpline (please see details below) or the Haemostasis and Thrombosis Centre at St. Thomas' Hospital.

**Don't stop taking your medicine without talking to a doctor first.**

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

### Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**t:** 020 7188 8801      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

### Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815      **fax:** 020 7188 5953

### NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

### NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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**t:** 0848 143 4017      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)

**w:** [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)

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