



MELBOURNE
PATHOLOGY

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Clexane (enoxaparin)

Information for patients



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Clexane (enoxaparin) is a type of anticoagulant (blood thinner) that can be used in place of, or in addition to warfarin in certain circumstances. It is given as an injection under the skin, similar to insulin for diabetes. This brochure outlines some things you might need to know about Clexane.

How does it work?

Clexane is very different to warfarin in the way it works, although it does a similar job. Clexane stops your blood from clotting by deactivating one of the proteins in your blood that your body uses to form a clot. The blood test you would normally use to monitor warfarin (the INR) is not affected by Clexane. The required dose is not based on blood levels, but rather on your size and kidney function. The major advantage of Clexane is that it acts quickly and leaves your body quickly compared to warfarin which acts slowly and leaves your body slowly.

When do I need Clexane?

Clexane is used when the risk of having a blood clot is very high and the INR is below the therapeutic (target) range. Temporarily using Clexane as treatment in place of warfarin is commonly known as 'bridging'. There are three common reasons why your doctor might use a Clexane 'bridge'.

1. You have a high risk of clotting and you are just starting or restarting warfarin. The most common examples include a recent blood clot (Deep Vein Thrombosis (DVT) or pulmonary embolism) or you have a mechanical heart valve. In this case, Clexane is used at the same time as warfarin until the INR is within therapeutic range.
2. You have a high risk of clotting and you need to stop warfarin temporarily for some reason, such as an operation. In this case, you will use Clexane instead of warfarin. Commonly, you will stop the warfarin and start the Clexane a few days before

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the operation, then stop the Clexane the day before the operation to lower the risk of bleeding. Your doctor or specialist will give you precise instructions. If you required Clexane before your procedure, you will also need to restart Clexane after the procedure (see point 1).

3. You are at high risk of clotting and your INR is too low for another reason, such as missed warfarin tablets or the interaction of a new drug with warfarin. In this case you will **use Clexane at the same time as warfarin** until your INR comes back into the therapeutic range.

There are also circumstances where Clexane is used for patients who never take warfarin. Clexane is being used at a low dose for prevention (prophylaxis) rather than as treatment on these occasions. Hip and knee surgery would be common examples.

Your doctor (GP or specialist) can:

- advise if your individual condition warrants Clexane therapy now or in the future
- advise when to start and stop the Clexane
- provide you with a script for Clexane, only to be filled at a time in the future if you unexpectedly need it, if they determine you have a higher risk condition.

Melbourne Pathology will assist by monitoring your INR more frequently so that injections can be stopped as soon as it is safe to do so. We will notify you in your dose instruction when to cease Clexane if your doctor wants us to.

You can assist in your own management by discussing Clexane with your doctor and having a care plan in place. That way you are adequately prepared and safely covered when your INR is too low.

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Frequently asked questions

I've never given myself an injection before – how do I do it?

Giving yourself an injection under the skin (a 'subcutaneous' or 'sub-cut' injection) is actually very simple and is similar to an insulin injection for diabetes. The easiest place to do it is wherever you have the most fat, such as the belly or the thigh. Your doctor or family practice nurse will be able to show you how to do it safely and effectively. If you are unable to do this yourself, ask a family member or somebody you live with to learn how to give you the injection. In some circumstances, it may be necessary for your GP to arrange domiciliary nursing services (RDNS) to give you the injections in your home, or for you to attend your doctor's clinic, but remember you may need to receive injections on weekends. For more information visit <https://www.vtematters.com.au/patient/resources/clexane-product-information>. Use password VTE (all upper case) to enter site.

How often do I inject?

Clexane is given either once or twice daily, depending on the underlying medical condition. Patients with mechanical heart valves are more likely to need an injection both morning and night. Patients with thrombosis (clot) can often be managed with a larger, once per day dose.

Should I expect bruising?

Sometimes people have a small bruise where they have injected the Clexane. This is normal. If you have severe bruising you should see your GP or prescribing doctor.

Should I stop my aspirin if I am taking Clexane?

If your doctor has advised you to take aspirin when you are also taking warfarin, it would normally continue while you take Clexane. If you are stopping warfarin for an operation you must check with your surgeon if they want you to stop aspirin. Never start any medications of your own accord, including aspirin, without the consent of your treating doctor.

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Does the timing of my Clexane injection and warfarin matter?

Continue to take your warfarin at the same time of day that you currently do. There is no interaction between these two medications if given at the same time. If you are taking Clexane once per day then, just like warfarin, take it in the same part of the day each time, ie. always in the morning, or always in the evening.

How long do I continue to take Clexane?

It is common for hospitals to provide patients with a small supply of medications on discharge, however this may not be sufficient Clexane to cover you until your INR is again therapeutic. If this is the case you will need to renew the script with your doctor. Try not to miss any doses of Clexane. Clexane has a long shelf life and usually comes as 10 pre-filled injections per pack. Any remaining injections can be stored for later use until they expire. Please refer to the package insert for storage conditions.

What else do I need to do?

If you have been prescribed Clexane by your GP or specialist, follow their instructions. Please also contact Melbourne Pathology to keep the Warfarin Care team informed, either by speaking to your normal collection staff at the branch when you attend, or by contacting our Warfarin Care Department. If you have any questions, contact your GP or the Melbourne Pathology Warfarin Care team on 8347 7020.



Head Office and Central Laboratory

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Warfarin Care	8347 7020
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Enquiries – ph	9287 7700
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Enquiries – fax	9287 7898
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Results	8347 7010
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