





## WHAT IS THE REASON FOR PROLONGED **BLEEDS IN PERSONS WITH HEMOPHILIA (PwH)?**<sup>1</sup>

#### Clotting factor is a blood protein that controls bleeding.

Persons with Hemophilia have deficiency of clotting factor, which results in delayed or deficient clot formation after injury. This is the reason why they bleed for longer than usual.

#### DO ALL PWH HAVE SAME LEVEL OF BLEEDING?<sup>1,2</sup>

Most common symptom of Hemophilia is bleeding and it can happen anywhere in the body. Prolonged bleeding and rebleeding are the diagnostic symptoms of hemophilia. Symptoms vary with severity as follows:

C	Severe	Moderate	Mild
Factor Activity (% of Normal)	<1%	1% to 5%	>5% to <40%
Pattern of Bleeding Episodes	Spontaneous	Minor Trauma	Major Trauma Surgery

#### WHAT ARE **THE DIFFERENT SITES OF BLEEDING?**<sup>3</sup>

Serious

- Joints (Hemarthrosis)
- Muscles, especially deep compartments (iliopsoas, calf. forearm)
- Mucous membranes of the mouth, nose, and genitourinary tract

Life-threatening • Intracranial

- Neck/throat
- Gastrointestinal



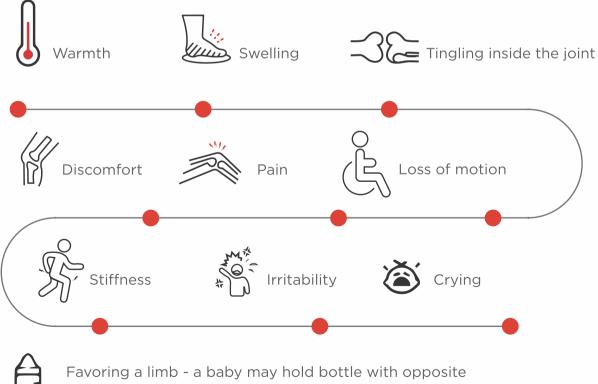


#### WHAT IS **APPROXIMATE FREQUENCY OF BLEEDING AT DIFFERENT SITES?**<sup>3</sup>

Site of bleeding	Approximate frequency
Joints • More common in hinged joints: ankles, knees, elbows • Less common in multi-axial joints: shoulders, wrists, hips	70-80%
Muscles	10-20%
Other sites (major bleeds)	5-10%
Central Nervous System	<5%

### HOW TO RECOGNIZE A BLEED? <sup>1,4</sup>

You may observe the following symptoms around the target joints or common muscle sites



hand than usual. Toddler may use opposite hand to eat.

# WHAT IS THE FIRST AID TREATMENT FOR BLEED?<sup>3</sup>

R.I.C.E. is the first aid treatment. It should be done even if the factors are given. R.I.C.E. stands for Rest, Ice, Compression and Elevation



#### **REST:**

Rest, in the case of a hip, knee, or ankle bleed, or the use of a sling for an elbow, shoulder, or wrist bleed, is advisable to immobilize a joint with severe bleeding until pain resolves. As soon as the pain and swelling begin to subside, the patient can change the position of the affected joint from a position of rest to a position of function, gently and gradually increasing mobilization of the joint. Patients with hip, knee, or ankle joint bleeds should be restricted from weight-bearing until complete pre-bleed joint range of motion and function are restored and acute pain and inflammation symptoms have dissipated. It is advisable to avoid weight-bearing for 1 week, with the use of walking aids (e.g., crutches, walker) to assist progressive weight-bearing under the guidance of a doctor with experience in musculoskeletal rehabilitation after a bleed.

#### ICE:

Ice pack should be wrapped in a wet or damp cloth and placed over the bleed part (joint or muscle). The use of ice without direct skin contact for short periods of 15-20 minutes soon after bleeding occurs is considered acceptable but should not exceed 6 hours.

#### **COMPRESSION:**

Apply gentle pressure over the joint with cloth or elastic stocking, which may limit the bleed by increasing the pressure. Be cautious while applying the pressure to bleeding muscle as it may further compress the nerves and vessels within it; and hence, avoid compression to muscle if the nerve injury is suspected.

#### **ELEVATION:**

Raise the bleeding joint or muscle above the level of heart to slow down the bleeding.





#### ARE THERE ANY MEDICINES APART FROM FACTORS THAT CAN BE TAKEN FOR BLEEDS?<sup>2</sup>

Antifibrinolytic medicines (such as Tranexamic Acid and Epsilon Aminocaproic Acid) may be used along with replacement therapy. They can be used alone for minor bleeds especially mouth bleeds.

#### WHAT PAIN MEDICINE CAN BE TAKEN?<sup>3</sup>

Analgesics for use in PwH include Paracetamol/Acetaminophen for pain management. Certain selective COX-2 inhibitors may be used for joint inflammation after an acute bleed and for Chronic Arthritis, under the guidance of a doctor experienced in managing people with Hemophilia.

#### NOTE

COX-2 inhibitors should be used with caution in PwH having Hypertension and Renal Dysfunction.

#### CAN BLEEDS BE PREVENTED?<sup>3</sup>

Prophylaxis treatment involves regular use of clotting factor which prevents or reduces the incidence of bleeding episodes. Injections of clotting factor are given one, two or three times a week to maintain a constant level of these factors in the bloodstream so that severe bleeding episodes are avoided.

#### WHAT ALLIED THERAPIES ARE IMPORTANT TO BE FOLLOWED AFTER BLEED?<sup>3</sup>

Physical therapy and rehabilitation are particularly important for functional improvement and recovery after musculoskeletal bleeds and for those with established hemophilic arthropathy and should be done under the guidance of a doctor experienced in complementary techniques for pain management (e.g., meditation, distraction, mindfulness, or music therapy) may also be helpful for those with chronic hemophilic arthropathy.







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