



Going into hospital when you have APS

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 antiphospholipid syndrome (APS) 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.

In many hospitals a haematologist (blood specialist) will be consulted to plan this bridging period of heparin treatment in advance of the operation.

For a medical emergency

As the circumstances of APS 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.

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 antiphospholipid antibodies as soon as you can. Many patients carry medical identification bracelets, tags or cards with them in case of emergencies.

APS patients sometimes 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. In an emergency situation the balance between risk of bleeding (for example from an injury) and risk of clots may be different, and so your anti-clotting medication may be reduced or stopped for a period of time. If this happens, it is important that the doctor treating you for the emergency gets advice from a haematologist. This is particularly crucial if they plan to give an injection of vitamin K, as this could block the effects of warfarin for some time after the emergency is over, leaving you at increased risk of developing clots.

In UK hospitals, an on-call haematologist is usually available in the day to give advice to junior doctors if necessary. If you are concerned that the treatment of your antiphospholipid syndrome is being changed, it is fine to ask that specialist haematology advice is sought.