



Travelling with APS: advice and tips

If a patient with antiphospholipid syndrome (APS) is taking anticoagulation medication, then the risk of thrombosis (clotting) is very low. However, there is always a slight chance of developing a deep vein thrombosis (DVT) when people sit immobile for long periods of time, so it is important to move around and contract and stretch your calves. Dehydration is also a risk factor for DVT, so keep well hydrated with water and/or soft drinks.

Air travel should be safe if you take the following points into consideration before flying.

If you are treated with 75-150mg aspirin or clopidogrel daily

Aspirin and clopidogrel have not been shown to be useful to prevent travellers' thrombosis so please do remember to keep moving and hydrated when you're on a flight.

If you are taking warfarin

Patients who are being treated with warfarin, and whose INR is well controlled, have good DVT prevention.

If you do not self-test and have regular INR blood tests at an anticoagulation clinic, you should get your INR checked before you travel, take your yellow anticoagulation record booklet and an adequate supply of warfarin tablets. You should also let the clinic know how long you will be away. It is recommended that you have your INR tested after the outward flight and before the return flight home to ensure you are within your range; therefore, you will have to research the availability and location of anticoagulation clinics at your destination.

If you are being treated with direct oral anticoagulants

Some APS patients find the direct oral anticoagulant, rivaroxaban, is an effective anticoagulant but others do not. Rivaroxaban is taken in tablet form daily, does not need to be monitored at all and stays in your system around 24 hours.

If you need to inject with heparin

Currently, preventative low molecular weight heparin (LMWH) injections such as dalteparin (Fragmin) or enoxaparin (Clexane) are only recommended before long haul flights (flights more than 4 hours) if you have had a previous DVT and are not already taking anticoagulants.

Heparin is not always stocked by smaller pharmacies and surgeries, so you should make an appointment with your GP a few weeks before your flight so there is plenty of time to process the prescription. You should also ask your doctor to write a letter stating why you need to take heparin as you may need to explain why you are carrying syringes and needles when you fly.

On the day of the flight you must ensure you are carrying a copy of your prescription and the letter from your doctor. It is best to carry all the heparin syringes you need on your person in case your hold luggage goes astray; currently, in the UK it is necessary to put them in a clear plastic bag due to the current restrictions on liquids allowed in hand baggage.

You should take the injection as close to the time the flight leaves as possible. This is because LMWH has an instantaneous effect, but only lasts for 12-24 hours. If you have a very long haul flight, you may need to inject for a second time after 24 hours.

Although all airports usually have a clinic where you can pay the medical team to administer the injection, it is simpler and more cost effective to do it yourself. Please read our Fact Sheet: **How to inject with heparin.**



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Travelling checklist for patients taking warfarin:

- Research the hospitals/clinics in the areas you intend to travel to.
- Make sure you have your up-to-date yellow anticoagulation book, prescription/letter for the LMWH injections and insurance policy.
- Carry information about antiphospholipid syndrome with you.
- Use your phone or digital watch to set an alarm to take your warfarin tablets at the correct intervals.
- Be aware of any changes in diet and drinks while you are away, as these can also affect your INR.

If you are pregnant

If you have APS and are pregnant, you may already be taking LMWH injections. The same guidelines apply to all passengers taking LMWH, but you should be aware that some airlines will only be prepared to carry you up to the 27th week of your pregnancy.

When you are on the plane:

- Wear loose, comfortable clothes.
- Flight socks (compression stocking) may reduce the risk of leg swelling during flights of four hours or more. However, they must be the right size and worn correctly.
- Store luggage overhead so you have room to stretch your legs out.
- Do anti-DVT exercises. Raise your heels, keeping your toes on the floor, and then bring them down. Do this 10 times. Now raise and lower your toes 10 times. Do this at least every half an hour or more often if you like.

- Walk around whenever you can, but at least every couple of hours.
- Drink plenty of soft drinks to prevent dehydration – this helps accelerate the blood flow.
- Do not drink too much alcohol as this can cause dehydration and immobility.
- Do not take sleeping tablets as these will cause immobility.

Travel insurance

If you are travelling abroad it is wise to take out a travel insurance policy, but is essential you fully disclose your medical conditions to the insurance company, even if they do not ask. Failure to do so could lead to a claim being rejected.

In the past, it was very difficult to obtain travel insurance for anyone with APS, even if the patient had minor clotting events and had a stable medical history. It seemed that the underwriters for the travel insurance industry had deemed all patients uninsurable due to the 'unknown risk' and a blanket ban was in place.

However, after our charity contacted the Association of British Insurers in 2011, there appears to have been a reversal and now **most travel insurance companies** offer travel policies to people with antiphospholipid syndrome. The cost and availability will depend on individual circumstances and you may find you have to pay higher premiums if you have just had a clotting event.