

Rivaroxaban and Lower Limb Injuries

Patient Information Leaflet



This leaflet should be read as well as the patient information leaflet contained in the medication box

Why have I been given Rivaroxaban?

This medication is used to reduce the risk of blood clots forming in the legs (deep vein thrombosis [DVT]) and, or travelling to the lungs (pulmonary embolism [PE]). You have a lower limb injury that requires immobilisation (not moving about) and your clinician has assessed that you are at an increased risk of a DVT or PE due to the type of injury or other risk factor. These are discussed in more detail below.

Rivaroxaban is widely used to reduce the risk of DVT or PE following common operations such as hip and knee replacements.

It is not currently licensed for use for injuries that are treated without surgery. It has however been successfully used in such cases in several other units in the United Kingdom and it is therefore considered that this is a safe and effective treatment for this indication. Rivaroxaban should be taken for 30 days after injury.

Is there an alternative to taking Rivaroxaban?

The alternative would be to prescribe a daily injection of a medication called enoxaparin. This is also effective but you would need to learn how to inject yourself, and would need to do this every day.

Rivaroxaban is a tablet that you take once a day and is therefore more convenient and comfortable.

Who is most at risk of a DVT or PE?

There are several factors which increase your chance of developing a DVT or PE. Some of the risk factors include:

- Previous DVT or pulmonary embolism (PE).
- Major Orthopaedic operations.
- Trauma.
- Paralysis or immobilisation of lower limbs.
- Family history of DVT or PE.
- Faulty blood clotting.
- Active cancer.
- Recent medical illness (e.g. heart or lung disease, kidney disease; kidney failure or recent heart attack).
- Smoking.
- Obesity or overweight (e.g. BMI more than 30).
- Pregnancy.
- Age over 40 years.
- The contraceptive pill or other hormone treatments which contain oestrogen.
- Very large varicose veins (not operated on).

What are the risks of developing a DVT or PE with a plaster cast?

Fractures, and lower limb plaster casts on the leg for any foot and ankle injuries, are associated with a small risk of a DVT in the leg which can travel to the lung and cause a PE. The risk is very low, particularly if you have a “moon-boot” brace rather than a cast, and you put weight through it when walking.

It is slightly higher with some injuries, such as a rupture of the Achilles tendon. This is thought to be due to a reduction in the calf muscle helping to pump blood back up the leg. These risks are reduced through the use of medication such as Rivaroxaban.

What should I do if I experience a side-effect?

If you experience any bleeding problems (from the nose or gums), unexplained bruising, vomit containing blood or coffee ground material, red urine or black stools, please contact the relevant Orthopaedic Clinic (9.00am to 5.00pm) or Emergency Department below (out with these hours).

RAH Emergency (A&E) Department: 0141 314 7212

RAH Orthopaedic Clinic: 0141 314 6787

IRH Emergency (A&E) Department: 01475 524166

IRH Orthopaedic Clinic: 01475 504547

VOL Orthopaedic Clinic:..... 01389 817645

VOL Minor Injuries Unit: 01389 817530

NHS 24: 111



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