

## Patient information

# Tinzaparin – a patients guide to self-administration

### What is Tinzaparin?

Tinzaparin is an anticoagulant (blood thinner) and is known as a Low Molecular Weight Heparin (LMWH) administered by injection.

It is used to either help prevent blood clots from developing or for treating blood clots that have formed in the deep veins, called a deep vein thrombosis or DVT.

People in hospital that are either undergoing surgery or are less mobile than usual will be given a small dose of Tinzaparin to help prevent blood clots while they are unwell or recovering from surgery, as they are more likely to develop a DVT due to the nature of being less mobile.

### Why has Tinzaparin been prescribed and not a tablet?

Some people are not able to have oral anticoagulants because of underlying health problems so have to be treated by other means such as injection.

If you are pregnant / breast-feeding, have moderate / severe kidney disease or have an underlying cancer and are receiving chemotherapy unfortunately the oral medication is not suitable for you.

The new direct oral anticoagulants (DOACs) are not licensed for use with certain conditions and therefore the only treatment option that is safe is Tinzaparin. If you are under treatment for any of the above situations, your doctor will be able to review the choice of anticoagulant in due course.

## Does the Tinzaparin break down the clot?

An anticoagulant such as Tinzaparin is not a “clot buster”, it will not breakdown any clots but it will help to prevent any existing clots from enlarging and therefore less likely to break off from the vein wall and travel to the lungs causing a pulmonary embolus, also known as a PE.

Everyone is different but your body will start to break the clot down and it will gradually be reabsorbed, reducing the symptoms of pain, redness and swelling.

## How often does the Tinzaparin need to be administered?

Tinzaparin needs to be given once a day. Ideally this should be every 24 hours from the time that the first injection was administered, for example if you received your first injection at 2.00pm then your next injection would be due the same time the next day, but if this is not a convenient time for you to administer the injection then you can bring it forward by 2 hours so that it would be 12.00 midday each day.

## Where does the injection need to be administered?

The injection ideally needs to be given into a site where there is adequate “fatty tissue” such the abdomen or the tops of the thighs – see the administration site guidelines regarding preferable sites and “do’s and don’ts.”

## What to do if you forget a dose

If you forget to do your injection at the usual time then administer the dose as soon as you remember however if it is after midnight then exclude that dose and start again with your injection as normal the next day.

Do NOT double on the doses to make up the missed injection as this will significantly increase your risk of bleeding.

## What to look for when receiving Tinzaparin

All anticoagulants increase your risk of bleeding but they should not cause bleeding.

You should seek **URGENT** medical attention if you experience the following:

- Blood in your stool (this can be fresh blood or altered blood that makes the stool look black like tar)

- Blood in your urine, this can be bright red blood or urine that is slightly rosé in colour
- Vomiting or coughing up blood (once again this can be either fresh blood or blood that looks like coffee grounds)
- A severe bang to the head
- Severe nosebleed that will not stop with simple first aid
- A cut that is bleeding profusely and requires suturing
- Areas of bruising that you cannot account for i.e. not caused by a known trauma – spontaneous bruising

It is common to experience some bruising around the injection sites of Tinzaparin.

If you cut yourself it may take a bit longer than usual for the bleeding to stop and should be managed with simple first aid, clean, elevate and cover with a dressing.

## **Safe disposal of the syringes**

Please dispose of the syringe in the yellow sharps bin that you have been provided with. The plastic container that the syringe comes in can be disposed of in your usual household waste. Full sharps bins can be taken to a pharmacy or your GP's for disposal. Do not add them to your usual household waste. Further supplies of sharps bins can be obtained from your GP or specialist (if under the care of oncology/haematology or obstetrics).

## **How long will the treatment with Tinzaparin be required?**

The duration of treatment is very much dependent on any underlying conditions, the minimum treatment for a DVT with Tinzaparin would be 3 months but this will be reviewed by your specialist if you are being treated for any form of cancer.

If you are pregnant or breast feeding the Obstetric Consultant will advise on the length of treatment. Towards the end of the 3-month period discuss with your GP if it is still reasonable to stop the treatment. If the DVT clinic has identified that you may require anticoagulation beyond the 3 months, a follow up appointment in the relevant specialist/general medical clinic will be arranged for you towards the end of the 3-month period.

**Date treatment commenced .....**

**Dose prescribed ..... units ONCE a day by subcutaneous injection**

**Date and time first dose administered (clinic administered dose)**

.....

If you have any enquiries about your treatment for deep vein thrombosis you can either contact your GP, speciality consultant or the DVT clinic, which is available Monday to Saturday 8.00am to 4.00pm on telephone 01284 713092.

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)*

<https://www.accessable.co.uk>



© West Suffolk NHS Foundation Trust