



Health Awareness

What You Should Know About HIT

Learning more about a possible complication of heparin may help protect you following surgery

(NAPSA)—Heparin, a medication frequently used to prevent or stop blood clot formation during or after surgery, can uncommonly lead to potentially fatal complications. Close to 12 million hospitalized patients receive heparin yearly, as it is the most widely used drug to prevent blood clots and is essential in certain procedures such as cardiac bypass surgery. Of the millions of patients who receive heparin on an annual basis the majority receive the drug without serious consequence. However, certain patients may develop heparin-induced thrombocytopenia (HIT), a side effect of heparin that is an immune reaction that can result in life and limb threatening clot formations. Fortunately, there are early warnings signs of HIT and effective therapies available for treatment.

“If not diagnosed and treated early, HIT can lead to amputation, stroke and death,” said Dr. Kathryn Hassell, a leading hematologist from the University of Colorado. “That is why medical professionals watch patients carefully for 5 to 10 days after heparin is given. This is the period of time when HIT typically develops, although patients who have previously been exposed to heparin may develop HIT sooner.”

Dr. Hassell saw her first case of HIT in 1988 when a patient’s blood clotted in his aorta, blocking blood flow to both legs. Surgeons operated to remove the clot, however heparin was administered again, causing a second clot and resulting in another operation for the patient.

“We figured out that heparin was actually the culprit,” said Hassell. “At that time, good alternative blood thinners were not available, so we administered a drug sometimes used in place of heparin. Fortunately, in this case, it stopped the clotting and prevented leg amputation.”

Today, medical professionals have a better understanding of the risks associated with heparin use and newer, alternative blood



thinners are available to prevent and treat HIT. Those at high risk for HIT include patients who require heparin, as well as, patients who have had previous pulmonary embolism, orthopedic or cardiac surgical procedures or who are chronic hemodialysis patients.

Patients receiving heparin must be monitored closely by physicians to look for laboratory signs of this severe complication, such as a significant drop in the patient’s platelet count. Other symptoms that may represent HIT include pain in the lower legs, shortness of breath and chest pain or skin lesions near the injection site during or soon after heparin administration.

The entire health care team—including doctors, pharmacists and nurses—may play a role in diagnosing and managing HIT. “Patients who have had HIT in the past also need to understand there is a greater chance for developing the condition again if exposed to heparin,” said Hassell. “These patients are advised to alert all of their health care providers (doctors, pharmacists and nurses) that they have had HIT, especially when planning to undergo surgery.”

A free brochure about HIT is now available by calling 1-800-GSK-4HIT. It is also available in Spanish. Learning more about this potentially life-threatening complication of heparin may help protect you following treatment with heparin, including during future surgery.